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LECTURES
ON THE
THEORY AND PRACTICE OF MEDICINE;
NOW IN COURSE OF DELIVERY AT THE THEATRE OF ANATOMY AND MEDICINE, WEBB-STREET, SOUTHWARK.

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&c., &c.

HÆMORRHAGE:—*Its different forms; topical hæmorrhage; purpura simplex; purpura hæmorrhagica; symptoms of this complaint; complications; treatment. Scurvy; its Pathology and prevention.* DROPSY, *species of; symptoms and treatment of its different kinds. Remarks of Prout on the urine.*

GENTLEMEN:—After the diseases last noticed the effusion of blood is amongst the most frequent and important of diseases, especially as it occurs in the brain and the lungs, in the substance of other organs, and from the stomach, the intestines, the kidney and bladder, the uterus, &c.; and it bears, in different instances, a certain relation to each of those diseases.

I therefore beg to draw your attention to the subject of

HÆMORRHAGE.

The use of the term hæmorrhage must be extended beyond its literal meaning. The congestion which precedes the flow of blood cannot be distinguished by the generic term, from the clot of blood or the flow of blood, when the parietes of the vessels have given way. They are different stages of the same affection, which must be distinguished by an epithet or in description.

The different forms of hæmorrhage are very numerous, and all its forms are probably not yet distinguished.

The first and simplest form is that which results from the interrupted return of the venous blood. In this manner, congestion first, then effusion of blood, occur in the lungs and in the brain, and possibly in the substance of some other organs, in disease of the heart, and especially in contraction of the left auriculo-ventricular orifice. In this manner congestion and effusion of blood occur in the course of the intestinal tube, from compression or obstruction in the course of the vena portæ.

The second form of hæmorrhage is that which occurs from too forcible a projection of the blood from the heart. Thus, effusion into the brain is an effect of hypertrophy of this viscus.

The third form of hæmorrhage occurs—in cases in which the return of the venous blood is not impeded, or the flow of the arterial blood augmented—from disease of the minute vessels themselves, as we observe in some cases of hæmorrhage into the brain or from the lungs, in cases of broken texture, tubercles, &c.

A fourth form of hæmorrhage occurs, far more frequently than is supposed, in the acute and other forms of dyspepsia. It takes place from the mucous surface, and especially from those of the nostrils, the stomach and intestines, constituting the most frequent forms of hæmatemesis and melæna. It also, doubtless, takes place from the mucous lining of the gall ducts, the kidney, the uterus, &c.

But, besides these forms of hæmorrhage, there are others, if possible, still more formidable.

In one case cysts of blood are formed in the parenchymatous substance of various organs, simultaneously, or in several parts of the same organ. M. Cruveilhier observes, "Several facts prove distinctly the connection which exists between hæmorrhages of different organs. But none is more so than that submitted to the Societé Anatomique by M. Robert, one of its members. All the organs of the skin, the cellular tissue, the muscles, the brain, the lungs, the spleen, the liver, the pancreas, the uterus, &c., were studded with hæmorrhagic deposits; the lungs, especially, contained a great number. Unfortunately no positive information could be obtained respecting the corresponding symptoms. There are states of the system in which spontaneous hæmorrhages with

rupture may be manifested simultaneously in all or nearly all the systems of organs. These states have been particularly recognised in scorbutus. But, in the greater number of cases, one single organ is the seat of these hæmorrhages."

In other cases there is less disposition to hæmorrhage into the substance of organs, but the blood is poured out from the mucous membranes, or immediately underneath the cuticle. This affection constitutes the purpura hæmorrhagica.

In the third place must rank the disease termed scorbutus, a disease totally distinct, I think, from purpura. In this disease effusions of blood are found in the spleen, the liver, the uterus, the heart, &c.

Besides the forms of hæmorrhage already enumerated, I have witnessed another, which displayed, on dissection, numerous distinct effusions of blood in the substance of the brain, together with an obvious admixture of pus or coagulable lymph with the blood in the large veins; the eyes had become affected with chemosis and ulcerations, and had burst.

The different forms of hæmorrhage may, then, be arranged in the following manner:—

I. Topical Hæmorrhage.
1. *From obstructed return of the Venous Blood.*
2. *From excessive impulse of the Arterial Blood.*
3. *From disease of the Minute, or Capillary Vessels.*

II. Dyspeptic Hæmorrhage.
1. *Epistaxis.*
2. *Hæmatemesis.*
3. *Melæna, &c.*

III. General Hæmorrhage.
1. *Cysts of Blood in several Organs, or several parts of the same Organ.*

IV. Purpura.
1. *Simplex.*
2. *Hæmorrhagica.*

V. Scorbutus.

I.—TOPICAL HÆMORRHAGE.

The hæmorrhage which arises from obstructed return of venous blood has been fully described and illustrated.

That form of hæmorrhage which arises from excessive impulse of the arterial blood is treated particularly by M. Bricheteau, in his "Clinique Medicale," p. 133 and 214. Hypertrophy of the left ventricle of the heart is described as inducing hæmorrhage in the brain; hypertrophy of the right ventricle, that of the lungs.

M. Lallemand particularly insists that it is only when there is no source of obstruction in the course of the aorta, as the cause of the hypertrophy of the left ventricle, that this latter can become a cause of cerebral hæmorrhage or apoplexy.

M. Louis observes, "Between 1821 and 1827 I collected 27 cases of hypertrophy with dilatation of the right ventricle of the heart, yet none of the patients had hæmoptysis, although six of them had dilatation of the pulmonary artery and its divisions, the manifest proof that the blood had been carried into the parenchyma of the lungs with an unnatural degree of force."

Hæmorrhage from disease of the minute or capillary vessels, occurs under the form of epistaxis, hæmatemesis, melæna, and hæmaturia.

These forms of hæmorrhage are frequently complications of

II.—DYSPEPSIA.

They are then to be treated on the principles laid down for the cure of that disease. Epistaxis occasionally requires the quinine. I have known a hæmaturia to be induced by exposure to cold, and relieved by the warmth of bed, so distinctly as to leave no doubt upon this influence of temperature.

The history and symptoms of that form of hæmorrhage in which distinct effusions of blood occur in various organs of the body are altogether unknown.

It only remains for me to treat, in this place, of the constitutional symptoms of purpura, and of scorbutus, which I propose to do at considerable length.

IV.—PURPURA.

Purpura occurs under three forms:—1. Purpura simplex; 2. Purpura hæmorrhagica; and 3. Purpura urticans. It is the second which is principally to occupy us in this place.

I.—*Purpura simplex.*

The purpura simplex is characterised by an appearance of petechiæ, or dark red spots, without much disorder of the constitution, but with paleness, languor, debility, and pain of the limbs. They are diffused chiefly over the arms, legs, breast, and abdomen, being largest on the legs, though seldom confluent. In some cases the appearance of the petechiæ is preceded, for a day or two, by a general red efflorescence.

II.—*Purpura hæmorrhagica.*

I. *The History.*—The usual causes of this disease are a sedentary mode of life, poor diet, impure air, anxiety of mind, laborious work. Of seventeen patients seen by Dr. Willan, two only were men, nine were women, of whom four were beyond the age of fifty, three were boys, and three infants, not more than a year old. This disease is sometimes preceded by pallor and lassitude; its duration is uncertain, and varies from fourteen days to as many months; it combines hæmorrhage, vibices, and anasarca.

II. *The Symptoms.*—The purple spots appear first on the legs, and, at uncertain

periods, on the thighs, arms, and trunk of the body, the hands and face being generally free from them. They are numerous on the tonsils, uvula, palate, gums, tongue, and inside of the cheeks and lips, where they are sometimes raised and papulated, and discharge blood on the slightest pressure. The colour of the spots on the surface of the body is at first a bright red, but it soon becomes purple or livid; the cuticle over them is smooth and shining, but not elevated. They are nearly of a circular form, but of different sizes, sometimes few and distinct, sometimes numerous and coherent, sometimes distributed uniformly over the surface, sometimes in irregular clusters. Many of the patches disappear in a week or two, while fresh ones arise in other places. They are largest and most vivid in the evening or night, smaller, and of a yellowish hue during the day. Generally they are interspersed with vibices or livid patches resembling the effects of a bruise.

The hæmorrhage takes place from the nostrils, fauces, gums, lips, and cheeks, the tongue, the lungs, the stomach or intestines, or from the uterus, even in women of an advanced age. It sometimes precedes, sometimes succeeds, and sometimes accompanies the eruption; it is at first profuse, and cannot be easily restrained; in some cases it returns daily at a stated hour; after a week or two it becomes less violent and frequent. When the hæmorrhage flows from the gums and mouth the spots on the surface of the body are numerous and smaller than usual, and the fauces, gums, and tongue sometimes appear livid and tumefied. This complaint is attended with extreme debility and depression of spirits. The pulse is generally weak and frequent. Febrile paroxysms occur at intervals. Sometimes there are shiverings, sometimes heat without shiverings. At a late period anasarca takes place, first about the ankles and subsequently in the thighs, body, arms, cheeks, and eyelids, with sallowness of the complexion, emaciation, and coldness of the extremities.

III. *The Complications* may be enumerated thus:

I. Petechiæ upon, or
II. Hæmorrhage from,
  I. The Mucous Membrane of
    1. The Nostrils.
    2. The Gums, the Tongue.
    3. The Bronchia.
    4. The Stomach and Intestines.
    5. The Kidney or Bladder.
    6. The Uterus.
  II. The Serous Membranes.
III. Parenchymatous Hæmorrhage.
IV. The Effects of Hæmorrhage upon
  1. The Brain.
  2. The Heart, &c.
V. Anasarca.

The blood and the parenchymatous tissues have alike little cohesion: the former does not separate with serum and crassamentum, but forms a semi-fluid clot, of which the upper part resembles jelly in colour and consistence, and the lower, molasses; the tissues are broken by the slightest bruise or pressure.

IV. The various *Treatment* which has been recommended comprises, 1, bloodletting, 2, purgatives, 3, sulphuric and other acids, 4, cinchona, 5, the spiritus terebinthinæ, &c.

V.—SCORBUTUS.

I. *The History.*—Scorbutus is generally induced by a deficiency of fresh vegetable food. It is also occasionally referred to other errors in diet, to the respiration of a crowded or otherwise impure atmosphere, to excessive fatigue, anxiety, &c.

II. Scorbutus is usually distinguished by a set of symptoms designated by the term *putrescent*, such as a spongy and ulcerated state of the gums, with extreme fœtor of the breath; gangrenous ulcers; a fœtid state of the urine, &c.

The countenance and skin generally become peculiarly pale and sallow, or yellowish and tumid; there are extreme debility; a disposition to somnolency, to syncope, &c.; shortness of breathing; a feeble pulse, &c. Petechiæ and vibices appear on various parts of the body; the gums bleed; former cicatrices are dissolved, and the ulcerated surfaces bleed, and perhaps slough; there is hæmorrhage from the bowels, the kidney or bladder, the uterus, &c.; serous effusions take place into the cellular membrane and the cavities.

III. *The Morbid Anatomy* of scorbutus consists of the effusion of blood, or of bloody serum, or of serum alone, into the various parenchymatous textures, or serous cavities of the body, or from the mucous membranes; of an uncoagulable condition of the blood, and of softening of the solids.

IV. The *Prevention* and the cure of scorbutus consists in the administration of fresh and vegetable food, but, above all, of citric acid.

Sir Gilbert Blane observes—"The scurvy, a disorder incident chiefly to a sea life, but by no means peculiar to it, has been nearly eradicated by lemon juice, or more properly the citric acid; for the juice of limes, Seville oranges, unripe China oranges, and in short of all the species of the botanical genus citrus, or the natural order of fruits called Hesperidæi, possess the same virtue. This was known to be a remedy for the scurvy, far superior to all others, two hundred years ago, as appears by the writings of Woodall. It is singular that this important fact should have been hardly known for more than one hundred years afterwards, when the late Dr. Lind, of Haslar hospital, revived and diffused this valuable piece of

knowledge by his writings. It was this author who first clearly stated the singular powers of this remedy in the cure of scurvy; for Woodall only affirmed that its virtues were far superior to all other remedies. Notwithstanding this, the Navy continued to suffer severely from this disease, till the order for a general supply of lemon juice, twenty-seven years ago. This salutary measure was accomplished by a representation from the Medical Board of the Navy in the year 1795, during the administration of Earl Spencer, from whose enlarged and benevolent mind everything was to be expected. One of the most impressive parts of their argument, was built on the report of the effects of it in the Suffolk of 74 guns. This ship sailed from England on the second of April 1764, and an experiment was made of supplying her with a quantity of lemon juice sufficient to serve out two-thirds of a liquid ounce every day, to every man on board. This was mixed with their grog, along with two ounces of sugar. She was twenty-three weeks and one day on the passage, without having any communication with the land, and arrived in Madras roads on the 11th of September, without losing a man, with only fifteen men on the sick list, all slight cases, and none of them affected with the scurvy. This disease appeared in a few men in the course of the voyage, but soon disappeared on an increased dose of lemon juice being administered. Let this fact be contrasted with the state of the Channel fleet in 1780, as described by Dr. Lind, which was over-run with scurvy and fever, and unable to keep the sea, after a cruise of ten weeks only: and let the state of this fleet be again contrasted with that of the Channel fleet in 1800, as described by Dr. Baird, which, by being duly supplied with lemon juice, kept the sea for four months without fresh provisions, and without being affected with scurvy.

It is a question of intense interest how far the three last morbid affections are allied; and the entire subject of hæmorrhage is one of great promise to the new inquirer.

The hæmorrhages are not remotely allied to the dropsies, of which I propose next to treat. The effusions and the urine in the dropsies frequently contain the albuminous, and sometimes even the colouring part of the blood; and hæmorrhage within the brain frequently occurs in these diseases. Dropsy, on the other hand, frequently supervenes on the hæmorrhage.

The transition is easy from the subject of hæmorrhage to that of

DROPSY,

and it will be difficult to find a subject of greater obscurity, difficulty, and interest. A few years devoted to the investigation of dropsy, its varieties, causes, nature, and treatment, could not fail to produce a most valuable contribution to medical science.

Dropsies differ, like the hæmorrhages, according to their causes. The diagnosis and the treatment are, therefore, principally suggested by the history.

I purpose, in this place, to enumerate the principal causes of this disease, and to construct an arrangement or tabular view of the subject upon this principle.

The *first* cause of dropsy which I shall mention is inflammation. From this cause we have frequently general anasarca, and effusions from the several serous membranes, as the arachnoid, the pleura, the pericardium, the peritoneum, the tunica vaginalis testis, &c.

The *second* cause of dropsy is some exanthematous disease, and especially scarlatina.

A *third* source of dropsy has been pointed out by Dr. Bright, as consisting in disease of the kidney.

A *fourth* cause of dropsy is debility, exhaustion from loss of blood, &c.

A *fifth* and frequent cause of dropsy is obstruction to the flow of the venous blood; it takes place in disease of the heart, disease of the lungs, disease of the liver, &c.

These various forms of dropsies may be thus arranged:—

I. Inflammatory Dropsy.
II. Exanthematous Dropsy.
III. Nephritic Dropsy.
IV. Dropsy from Exhaustion, Debility, &c.
V. Dropsy from Obstruction to the Venous Circulation.

Dropsy assumes various local forms, and is hence divided into—

I. Hydrocephalus.
II. Hydrothorax.
III. Ascites.
IV. Anasarca.

These various local forms of dropsy may result from each of the causes enumerated. They will, however, demand a separate consideration.

I.—Inflammatory Dropsy.

I. *The History.*—This form of dropsy generally takes place rather suddenly, and is to be traced to wet and cold.

II. *The Symptoms* consist in the appearance of tense anasarca, observed first in the face, but soon becoming diffused, and generally combined with dyspnœa, and frequently with the signs of effusion into the head, thorax, or abdomen, and with a coagulable and occasionally a sanguineous condition of the urine.

Dr. Abercrombie describes a species of dropsy which seems to belong to the inflammatory; he says, "The disease comes on

suddenly, and generally affects persons in the vigour of life. It is usually ascribed to sudden exposure to cold, especially after the body has been previously overheated. The first symptom is an oppression and uneasiness in breathing; and, in a short time, frequently in a few hours, or in the course of the same day, this is followed by the dropsical swelling. The affection of the breathing varies considerably in different cases. In some cases there is only a feeling of oppression and tightness in breathing, without pain or cough; in others the breathing is quick, short, and frequent; in some there is pain, increased by a full inspiration, with sharp painful cough; and in others there is great oppression in breathing, preventing the patient from lying, except in one particular posture, or even preventing him from lying down at all. The pulse is, in some cases, a little frequent, but in others it is not above the natural standard. It is sometimes of good strength, but frequently rather weak, and in some cases irregular. The anasarcous swelling is commonly observed first in the face; from this it extends downwards upon the trunk of the body, and then to the extremities. This progress was in one case so remarkable, that even at night, after the patient had been sitting up through the whole day, he was affected with a great degree of anasarca, down to the middle of the legs, whilst the feet and ankles were free from it; next day the feet and ankles were affected also. This peculiarity, however, does not occur universally, for in some cases the swelling is first observed in the legs, but in general the face is affected at a very early period. The urine is scanty, and high-coloured; in some cases it is coagulable, but in others there is no trace of albumen. If the disease be now allowed to go on, the swelling increases, and the breathing becomes more and more oppressed; it may be fatal in a few days, or it may be drawn out to several weeks."

III. *The Morbid Anatomy* varies according as the dropsy is confined to the cellular membrane, or extended to the serous membranes; in the latter case there is frequently the effusion of coagulable lymph, as well as of serum, from the serous surfaces. There is frequently peripneumonia, or œdema of the lungs.

IV. *The Treatment.*—Dr. Abercrombie observes,—"The most decided benefit is experienced from early and free bloodletting; and, in a recent case, it is to be repeated till the pulmonary symptoms are relieved. This effect I have generally observed from one or two full bleedings; and it is to be kept in mind, that, in such cases, the strength of the pulse is a very uncertain guide; for, when the transmission of blood through the lungs is much impeded, we frequently find that the pulse is small, and even irregular; and that it improves in strength, and becomes regular, after copious bloodletting. When the pulmonary affection is removed, the dropsical swelling often disappears, without the use of any remedy; and if the case has been recent, and treated with decision, this happens so rapidly that, on the second day of the treatment, the swelling may be gone. In these cases the urine, which was scanty and high-coloured, becomes copious, and of a natural colour, almost immediately after the pulmonary affection is removed. If the disease has been of longer standing, the progress may be slower and less favourable; and even after the pulmonary affection has been entirely removed, a course of diuretics may be required for carrying off the swelling."

II.—EXANTHEMATOUS DROPSY.

I. *The History.*—This form of dropsy succeeds to some exanthematous diseases, but by far most frequently to scarlatina; and the blood drawn is buffed and cupped. Its first appearance is generally on the twenty-second or twenty-third day after the commencement of the preceding fever; it may, however, appear so soon as the sixteenth, and so late as the twenty-fifth. It occurs only in infants and young persons. It is frequently seen after mild cases of the scarlatina.

II. *The Symptoms.*—This form of dropsy begins with languor and feverishness, with sickness and constipation. Its first appearance is usually in the face; it is apt to spread to the hands rather than the feet; it rarely extends over the entire surface. The pulse becomes quick; the urine is passed frequently, in a turbid state, with numerous small films floating over it; it is frequently red, from containing the red particles of the blood, and coagulable on exposure to heat, from containing albumen.

III. *The Complications.*—With this kind of dropsy there is frequently—

1. Meningitis; Convulsion.
2. Pleuritis; Hydrothorax.
3. Peritonitis.
4. Enlarged Lymphatic Glands.

IV. *The Treatment* consists, first, in the use of the lancet; this is especially necessary when the head, thorax, or abdomen is affected. The patient should be placed perfectly upright, and bled to the most incipient syncope; the tolerance of loss of blood is extraordinary.

It is remarkable how totally different the *indoles* of this dropsy is from that of the fever which had immediately preceded it.

Leeches or cupping, and blisters, are useful as local applications.

The bowels should be kept free by the oleum ricini.

Diluents and the mildest fluid diet, and especially asses' milk, are extremely useful.

I must not conclude my observations on this subject without noticing the admirable

memoir of Dr. Wells, of St. Thomas's Hospital, one of the most remarkable physicians whom this or any other country has produced. He quotes Plenciz, of Vienna, and Burserius, of Florence, who have both written upon the scarlatinous dropsy. The latter author observes, that the bodies of several persons who had died of this disease at Florence, about the year 1717, having been opened, the lungs, pleura, intercostal muscles, diaphragm, kidneys, and intestines, were found more or less inflamed; that peripneumony having hence been considered as the primary disease, and the dropsical swelling only as a consequence, blood was taken from the arm in the succeeding cases, once or oftener, as the occasion required: and that no one afterwards died of the dropsy who was thus treated. He adds, —"Dr. Blane, on reading the foregoing paper, favoured me with the following remark:—'It has been my practice, for some years, to give repeated purges after scarlet fever, with a view to prevent dropsy, following the analogy of the measles, and I do not recollect that dropsy has occurred when this practice was adopted.'"

III.—ON NEPHRITIC DROPSY.

I. *Literary History.*—For our knowledge of this species of dropsy we are indebted to Dr. Wells, M. Andral, and especially to Dr. Bright. Dr. Wells, in one of his admirable contributions to medical science, observes,—"A soldier, forty-seven years old, in whose urine a considerable quantity of serum had been present, died dropsical.

"He had also, shortly before his death, laboured under an inflammatory affection of his chest. The inferior lobe of the right lung was greatly inflamed, and its air cells were much compressed by effused coagulable lymph, mixed with some blood. The upper part of the diaphragm was also much inflamed. There was about a pint of watery fluid in the cavity of the chest. The kidneys were much harder than they usually are. Their cortical part was thickened and changed in its structure, from the deposition of coagulable lymph, and there was a small quantity of pus in the pelvis of one of them. I do not conclude, however, from these appearances, and those which were found in the former case, that the kidneys are always diseased, when the urine in dropsy contains much serum. The morbid appearances of the kidneys might be altogether unconnected with the morbid secretion; and if they were not, a diseased action of the secreting vessels, which was in those cases induced by an organic disease of the glands, may probably arise from various other causes.

"Soon after this paper was read to the Society, an elderly man died in St. Thomas's Hospital, who had become ascitical, after labouring some time under a disease in his chest, and dropsy of the skin, and whose urine had contained a considerable quantity of serum. On opening his body all the parts which are naturally red, were found to be much paler than such parts usually are. The kidneys were larger and softer than if in a healthy state, and on the outside of both were several vesicles, partly embedded in their cortical substance, and containing an amber-coloured fluid. The greatest of them was of the size of a hazel nut. Both ureters were enlarged at their commencement. The liver was large and indurated; the colour of its surface and of that of the spleen was blue. The lungs adhered very generally to the ribs, and when they were cut a fluid oozed from them which seemed to contain pus. The quantity of water under the skin was much less than it had been several weeks before his death. There were about fifteen pints of water in the abdomen, about one pint in the chest, about half an ounce in the ventricles of the brain, and a little between the pia mater and tunica arachnoides."

M. Andral observes,—"Before Dr. Bright published his 'Researches' (in 1827), I had inserted in the third volume of the 'Clinique Médicale' (ed. 1, 1826, t. ii., p. 567), a case of granular kidney, coinciding with a dropsy, without disease of any other organs."

Recently, Dr. Christian and the late Dr. Gregory have published some interesting observations on this subject.

But it is undoubtedly to Dr. Bright that the profession and mankind are principally indebted for the detection of this disease; it is designated in the Parisian hospitals "la maladie de Bright."

II. *The Causes* of renal dropsy are unknown.

III. *The Symptoms.*—Anasarca gradually ascending from the feet, suppressed perspiration, and albuminous urine, occasionally tinged with the red particles of the blood, are the pathognomonic symptoms of nephritic dropsy. The region of the kidney is sometimes tender on percussion or pressure.

IV. *The Complications.*—There is in this species of dropsy, occasionally—

1. An attack of apoplexy;
2. Attacks of epilepsy, or convulsion;
3. Inflammation of the serous membranes, especially of the pleura.

V. *The Urine* is usually found free from disease.

VI. *The Morbid Anatomy.*—Dr. Bright observes,—"In all the cases in which I have observed the albuminous urine, it has appeared to me that the kidney has itself acted a more important part, and has been more deranged, both functionally and organically, than has generally been imagined. In the latter class of cases I have always found the kidney decidedly disorganised. In the former, when very recent, I have found the kidney gorged with blood; and in mixed

cases, where the attack was recent, although apparently the foundation has been laid for it in a course of intemperance, I have found the kidney likewise disorganised."

Dr. Bright describes three kinds of this disease of the kidney. In the *first*, the kidney loses its usual firmness, and becomes of a yellow mottled appearance externally. The size of the kidney is not materially altered. In the *second*, the whole cortical part is converted into a granulated texture, and there appears to be a copious morbid interstitial deposit of an opaque white substance. The kidney is generally rather larger than natural. In the *third*, the kidney is rough and scabrous externally, and rises in numerous projections, not much exceeding a large pin's head, yellow, red, and purplish; it is hard, and inclined to be lobulated, and its texture approaches to a semicartilagious firmness; there appears, in short, a contraction of every part of the organ, with less interstitial deposit than in the last variety.

VI. *The Treatment* of this form of dropsy is unknown. In one case the patient was cupped over the kidney, at stated periods: the albumen disappeared from the urine, except immediately after each application of the cupping instruments; and the anasarca greatly diminished. I directed the cupping to be done above or below the kidney, and the albumen and dropsy disappeared altogether. Many months afterwards, however, I learnt that the patient, a young lady, had become epileptic.

Dr. Wells observes,—"In the attempt to cure dropsy, when serum was present in the urine, I gave for some time Peruvian bark, and steel conjoined with myrrh, if the urine was abundant, but, as far as I could see, without advantage. When the urine was scanty I employed crystals of tartar, squills, and digitalis; but these medicines seemed to be less useful here than in those cases of dropsy in which the urine contains no serum. I afterwards thought that, as the presence of serum in the urine must arise from some diseased action of the kidneys, if a new action were excited in them the former might be overpowered, and their healthy state at length restored. With this view I gave cantharides in large doses, for a considerable time, in five cases of dropsy attended with serous urine;" and considerable benefit was derived from this remedy.

IV.—DROPSY FROM DEBILITY, ETC.

I. *The History.*—This form of dropsy occurs—

1. From loss of blood.
2. In chlorosis.
3. In cachexia, &c.

II. *The Symptoms.*—Dropsy from debility begins slowly, and is first seen in the lower extremities; the urine is generally free from albumen. Dr. Wells observes,—"Of nine cases of dropsy of the skin, apparently arising from weakness, the urine in seven was altogether without serum. Two of the latter occurred in old dysentery, one in chlorosis, one in chronic rheumatism, two after agues, and one after profuse bleeding, which had been employed to remove a great inflammation in the chest. In the eighth case, which took place after ague, and in the ninth, which occurred in chlorosis of very long standing, there was a small quantity of serum in the urine."

III. *The Treatment* embraces all those remedies which are calculated to restore the general health: in the cases arising from loss of blood, and chlorosis, iron is the principal remedy; in the case of cachexia, sarsaparilla and cinchona are useful.

The diet, the bowels, the exercise, and the hours must be strictly regulated: change of air and the sea breeze are extremely valuable.

Should the various diuretics be added to the other remedies?

V.—DROPSY FROM OBSTRUCTED VENOUS CIRCULATION.

The principal examples of this kind of dropsy are those which arise from—

I. Disease of the Heart, or its Valves.
II. Disease of the Liver, especially Cirrhose.
III. Disease of the Spleen; Tumours, &c. within the Abdomen; Pregnancy, &c.
IV. Tumour in the Iliac region, or in the Axilla.

I. Dropsy from disease of the heart, or its valves, is frequently very general, comprising hydrothorax, ascites, œdema of the lungs, anasarca of the extremities, &c.

Dr. Wells, in the paper already quoted, makes a distinction between dropsy obviously arising from a disease within the thorax, and dropsy not having such origin; and he concludes that "the greatness of the disease of the chest always lessens the probability of any great quantity of serum being found in the urine."

II. Dropsy from disease of the liver usually first assumes the form of ascites; this may be followed by anasarca.

M. Andral observes,—"When dropsy is the result of disease of the liver, the ascites almost constantly precedes the anasarca; in our cases (of intermittent), on the contrary, the lower extremities were first affected with dropsy." M. Andral adds, that this fact seems to prove that disease of the liver is not the cause of dropsy in intermittents; and he considers that disease of the spleen alone cannot be the cause of dropsy.

Sydenham observes that the principal "symptom" which accompanies intermit-

tents in their decline is "a dropsy wherein the legs first swell and then the abdomen."

Dr. Wells observes,—"Dropsy is another well known consequence of ague. Whenever I have observed dropsy of the abdomen to arise from this cause, which, however, has not been often, swellings of the lower extremities have always preceded it. Sir John Pringle remarks, that the dropsies which occurred after ague in the Netherlands, generally began at the feet, and rose gradually to the belly;" he adds, "I have found, that in by far the greater number of instances of ascites, which occur now among the poor of London, the swelling of the belly precedes that of the skin;" and he concludes that this is owing to "the intemperance of the lower people with respect to spirituous liquors."

This is an interesting question, for the same judicious author observes,—"In fourteen cases of '(ascites),' apparently not encysted, and in the histories of all of which I either have marked that the swelling of the limbs had followed that of the abdomen, or have taken no notice of an external swelling, there was likewise no serum in the urine.

"In seven cases, in other respects similar to the above mentioned fourteen, there was a very little serum in the urine.

"But with respect to ascites, which is distinctly preceded by dropsy of the skin, the result of my observations has been very different. These have been made in eight cases, in seven of which the swelling of the abdomen had occurred under my own eyes; and, in regard to the eighth, I had a history of what had happened, both from the patient himself and from his physician, that leaves no doubt concerning it. In three of these cases the urine was made entirely solid by heat. In two others the quantity of serum in it was considerable, but still not sufficient to occasion an entire coagulation when heat was applied. In the remaining three the quantity was sometimes less considerable. It appears, therefore, that ascites, following dropsy of the skin, differs greatly from ascites which either precedes dropsy of the skin, or is not accompanied by it."

III. The dropsy arising from enlarged spleen, and other tumours within the abdomen, from pregnancy, &c., usually assumes the form of anasarca. Does it arise from pressure upon the vena cava?

IV. A tumour in the iliac region has induced anasarca of the corresponding lower extremity; a tumour of the axilla that of the arm. In these cases the dropsy is obviously owing to the impeded return of the venous blood.

VI.—TOPICAL DROPSIES.

I must make a brief allusion to the various forms of local dropsy, and their several causes:

1. Hydrocephalus, hydrothorax, hydropericardium, ascites, may be the simple effect of inflammation, acute or chronic.

2. The same forms of dropsy may be excited by the presence of tubercles in these cavities severally, or may coincide with these.

The presence of cirrhose of the liver appears to induce ascites on the principle of irritation, from contact with the adjacent peritoneum; in one most interesting case the same result occurred from the similar contact of an inflamed and enlarged ovarium.

The same principle may obtain in the dropsies of the other cavities, and it appears not to have been sufficiently noticed by medical writers.

How much still remains to be investigated in reference to dropsy must be apparent from this sketch. It is a field which, if diligently cultivated, would yield an abundant harvest. No one must enter upon it without first making himself intimately acquainted with the invaluable papers of Dr. Wells, so often quoted, and with the works of Dr. Blackall, Dr. Bright, Dr. Ayre, Dr. Osborne, &c.

Before I conclude the subject of dropsy, I must make a few observations upon two points of great importance, viz.:—

1. *The state of the Urine;*
2. *The use of Diuretics;*

in reference to the various forms of this disease.

According to Dr. Prout, the blood consists of

Water;
Solid red particles,
Fibrin,
Albumen,

(The three last, from the similarity of their chemical properties, termed, by Berzelius, the albuminous principles of the blood.)

Lactate of soda, and some peculiar animal matters, which, according to Berzelius, always accompany it;
Muriates of potash and soda;

All of which, except the red particles, and perhaps the fibrin, are held in a state of solution whilst circulating in the living body.

According to Berzelius, 1000 parts of healthy urine consist of

Water	933.00
Animal and destructible principles:—	
Urea	30.10
Lithic acid	1.00
Pure lactic acid, lactate of ammonia, and animal matters not separable from these	17.14
Mucus of the bladder	.33

Alkaline and earthy salts:—	
Sulphate of potash	3.71
——— of soda	3.16
Phosphate of soda	2.94
—— —— of ammonia	1.65
Muriate of soda	4.45
——— of ammonia	1.50
Earthy phosphates, with a trace of fluate of lime	1.00
Silex	.03
	1000.00

"Besides these ingredients, which appear to be essential to healthy urine, this secretion, in different diseases, has been found to contain albumen, fibrin, and the red particles of the chyle and blood; nitric acid, benzoic acid, and the red particles of the chyle and blood; nitric acid, various acids formed from the lithic, oxalic acid, benzoic acid, and carbonic acid; xanthic oxide, cystic oxide, Prussian blue (?), sugar, bile, and pus.

"Albumen, fibrin, and the red particles, which constitute the great bulk of the matters existing in the blood, are never met with in healthy urine; but in some varieties of dropsy, and other diseases, the urine not only contains the serum of the blood, but the fibrin and red particles likewise pass through the kidneys unchanged." *

Dr. Prout describes albuminous urine as being sometimes chylous, sometimes serous; as existing, occasionally, unconsciously to the patient, and without symptoms; sometimes with diuresis and a frequent desire to void the bladder.

Dr. Wells concludes from his observations—1, that the exhibition of mercury is apt to induce albuminous urine; 2, that albumen in large quantity in the urine is rare, except in dropsy; 3, that "the presence of albumen in the urine seems to be independent of weakness. It would appear, on the contrary, from the full and frequent pulse which freqeutly accompanies it, to be connected with too great action in some part of the system."

It will be sufficiently obvious from the preceding remarks, that the different dropsies must be treated upon very different principles:—1, the inflammatory and exanthematous dropsies require the use of the lancet; 2, the dropsies from loss of blood, chlorosis, cachexia, debility, &c., require chalybeates, bitters, sarsaparilla, &c.

But it is usual, in all, to give diuretics of various kinds. It must, however, be evident that, in inflammatory dropsy, mercury, with digitalis, tobacco, &c., or the debilitant or sedative diuretics, would be proper; whilst in the dropsy of exhaustion, squills, spartium, juniper, the spiritus terebinthinæ, &c., or the stimulant diuretics, would be preferred.

Several salts of potass, as the acetate, the bitartrate, the nitrate, are useful diuretics in most cases of dropsy.

In addition to the diuretics, I ought to mention certain purgative remedies, but especially the elaterium. By exciting the intestines, it excites the absorbents, just as diuretics do so by exciting the kidneys.

* Inquiry into the Affections of the Urinary Organs, ed. 2, 1825, p. 2.

And here I must terminate this series of lectures. How many subjects have been merely sketched.—how many even have been omitted for want of space, I am perfectly aware. Some of these deficiencies I propose to supply by a series of clinical lectures, which will be published from time to time. They will bear more marks of freshness and originality, and less of compilation, from being taken immediately from my patients. I shall especially give a series of cases of nervous diseases. I shall thus keep up the interest in this subject, which I trust I have excited in you. In a short time you will find the first of these lectures in THE LANCET; in a short time, too, you will find the translated MS. of M. Louis in the pages of the same Journal. I have one request to make, one wish to express, in conclusion;—first, that you will assist me by communicating any interesting facts which occur to you; and, secondly, that you may long live to enjoy the fruits of your present labours and studies in a well-merited successful career of practice.

LECTURES
ON
MATERIA MEDICA AND THERAPEUTICS;
NOW IN COURSE OF DELIVERY
AT THE
WINDMILL-STREET SCHOOL OF MEDICINE.
BY
GEORGE G. SIGMOND, M.D.

Lecture delivered at the close of the Session.

CONCLUDING ADDRESS.—*Labours of the Lecturer; difficulties to be overcome; advantages of the study of therapeutics: Sydenham and his labours; uncertainty of medicine as a profession; encouragement derived from this study. Conclusion.*

GENTLEMEN:—The session has now drawn to its close, and we are, for some period of time, relieved from the arduous duties that have devolved both upon the preceptor and upon the pupil. In compliance with the general law of Nature, which, after labour, demands repose, we may, for a brief vacation, indulge in pursuits which require less

mental activity; but in these moments of relaxation, we must still persevere in our attempts to gain knowledge, and not allow the slothful love of ease to creep over us. To the student of the science which it has been my pleasure and my pride to have investigated, peculiar opportunities are, at this season, afforded, of which he must avail himself as a source of delight and of information. I have explained to you how much of the materia medica is dependent upon the full and accurate knowledge we possess of each of those plants with which this globe is furnished; I have impressed upon your minds the necessity of becoming acquainted with the vegetable structure, for that organisation, in every step of your medical education, will throw unexpected lights upon an inquiry into the animal economy. At this season of the year you may prosecute, without fatigue of mind, the most beautiful of the sciences,—Botany. Not that dry and uninteresting portion which becomes hereafter necessary, under the name of classification, but that which presents itself to your senses, and must awaken, when once you have acquired the faculty of observation, an eager curiosity for further knowledge. The great point to which you must now direct your attention is to obtain what may be termed a botanic eye, by which you may, at one moment, recognise a plant, even should you be ignorant of its name. You may, without difficulty, acquire a tact by which you may, in a moment, glance over the stem, the leaves, in all their varied structure, the manner of inflorescence, and the various adjuncts of each portion; and you will hereafter find that by such simple means you will facilitate your acquisition of all the phenomena which characterise vegetable life, and which are actually necessary to be known by him who would be intimately acquainted with the means he possesses of rendering life less subject to accident, to sorrow, and to disease.

On two occasions, by the consent of society, a teacher seems to be allowed to be an egotist: when he first makes his bow before his audience, and when he retires from the scene of his labours. Of this privilege I now, for the first time, venture to avail myself; and I think I have more than a usual claim to an indulgence of this kind, for, from an examination of that which has already passed, you will, I know, acquit me of having dwelt at any time upon any subject with which I might have connected myself, for I have most studiously avoided the expression of that self-approbation which so often is imposed upon society as the opinion of others, and if it be not a legitimate mode of gaining ground, is too often a very successful one. When I first commenced my inquiry into materia medica and therapeutics, I found that it was considered a very barren and uninteresting subject,—it was a mere catalogue of drugs, with a brief narrative of the source from which each was obtained, its external appearance, its analysis, and its dose. When my lectures first were, through the medium of THE LANCET, made generally known, I could not but experience the greatest anxiety as to their reception by those whose opinion I must ever most highly value. I felt, that as they were addressed to young men in the first career of their studies, they might be considered scarcely acceptable to those who are versed in the practice of our science, yet on reading over the works which exist in our language on the materia medica, I could not but be forcibly struck with the total absence of any volume which could excite the mind to an ardent inquiry upon subjects of the deepest interest. This science had been so little cultivated, at least so little had been done to connect it with the practice of physic, that a new field was open for investigation, which I felt persuaded would yield a rich harvest, and I have, for many years, cultivated it with the deepest interest. It has been usually considered, that all that was required for the student was a knowledge of the class and order to which a vegetable might belong, the general appearance of the drug that was to be obtained, and the form in which it might be administered; but no attempt was made to point out the stages of disease in which it might best be given, nor the practice which had been pursued by the most learned men of their day. Many authors spoke of our materia medica with contempt, as containing a farrago of articles of whose precise effect we were ignorant, and which were to be tried in the diseases which nosologists had formed from a classification of symptoms. No one had ventured to show in what state they were to be used, and the industry and attention of the follower of pharmacy and of natural history were turned but to little account. The physicians of the present day have laboured with an industry as honourable to themselves as it is useful to society, upon the diagnosis of disease; they have given to our senses additional means of exploring their hidden causes, but they have singularly neglected to turn their minds to the instruments which Nature has placed in their hands of alleviating and curing disease. Every remedy, it is true, has been administered, but not with that watchfulness with which symptoms have been investigated; and this has been the great error of our school of medicine from a very early period. The splendid achievements of the anatomists have so captivated the minds of those who have directed by their energy the public intellect, that anatomy has absorbed the attention of the schools, to the neglect, and to the abandonment, of the collateral branches of knowledge; yet how small a portion of the vast

domain of the healing art is comprehended under this name.

The views I entertained attracted the attention of the Editor of THE LANCET, and it has been a source to me of the greatest gratification that through that channel my opinions have been brought before my profession. I cannot be insensible to the advantages I have derived from the publication of my lectures, nor can I avoid expressing the heartfelt satisfaction I have enjoyed in finding them placed in a series of volumes which contain the intellectual labours of Sir Astley Cooper, of Abernethy, of Blundell, of Lawrence, of Brande, of Andral, of Magendie, and of the most distinguished individuals of the age, which they have by their talent and industry improved and adorned. I have received from the members of the profession the kindest consideration; they have known the difficulties attendant upon the execution of my plans; they have kindly overlooked the numerous deficiencies of which I am most sensible, for they saw that I was actuated by no motive but that which they could approve of, and that I did not look to any but to them for approbation and reward. The numerous letters of kind advice, of commendation, and occasionally of complaint of omissions, that I have received, not only from those with whom I am acquainted, but from perfect strangers, have proved to me the interest that has been taken in my lectures; and if I have not been able to enter upon a correspondence on the subject, I beg to assure those who have addressed me, it has never been from a want of respect for their views, but from the utter impossibility of finding the time necessary to fulfil the duties imposed upon me. That which has, beyond all other considerations, most pleased me, has been that my lectures have been translated into the foreign journals, and in most instances commented on with the most gratifying eulogiums. I have had the pleasure to know that large portions of my lectures have been reprinted in India; and besides this pleasing reward of my anxiety and my toil, I observe that in that country which is most probably destined to transmit to ages yet to come the knowledge of the science and of the literature of our native land, that my name is now well known. In the last number of the "North American Quarterly Journal of Medical Science" I have had the gratification of seeing that in that portion which is devoted to the extracts from the best European publications, there is a long catalogue of articles, and every one, save only one, is mine, taken from THE LANCET, and this, too, in a work acknowledged to be conducted by the most learned men in the United States, known only to me by their writings and their name, but by their writings and their name known wherever medicine is cultivated.

The course which you have attended will, I am persuaded, be a useful introduction to the practice of the profession you have selected, and I have every reason to indulge the hope that it has served to excite your minds to the consideration of the magnificent objects by which we are surrounded in creation, and that you have become anxious to inquire how far they may be made serviceable to your fellow-beings.

I promised, when I commenced this course, to impress upon your minds the most useful axioms of the present and the former days; to tell you the fundamental truths that have been acknowledged, and to give you the information that was most valuable to you in the clearest and most intelligible language. I told you that it was not my intention to burthen your memories with those minutiæ to which you can refer in books, and which can be of no practical service to you; and this I feel has been effected by me, so as to have given to you solid and useful knowledge, upon which may be based a superstructure of your own raising, which may be worthy the high character of those who have by their labours improved and advanced our science.

The chief difficulties that were attendant upon the plan I have followed were to condense the immense mass of materials which the industry of our predecessors and of our cotemporaries has collected together, to place it before you in its most attractive form, and to show you the simplicity of those sciences which have been disfigured by an affectation of learning. To the first of these objects I have for many years, as a teacher, devoted my attention; it has been the labour of my life to gain from books, from conversation, from nature, the information which it is now my delight to impart. My toil, my exertions, have been repaid by the reception I have met, and I still anticipate the power of adding to that which I have already gained, by an earnest attention to the progress of the mind of man. If further stimulus were wanted, it would be found in the encouragement I have received from the number of students who have entered to my class, and when I find that for the summer course no less than sixty have already enrolled themselves under my guidance as their "philosopher and friend," I feel little doubt as to my enjoying the approbation which, I must confess, I covet.

I hope that you are now convinced of the fallacy of the assertion that has been made, that the materia medica might be usefully stripped of the far greater number of its articles, and with great benefit to every part of society except apothecaries and the practitioners who rely much upon drugs; for such has been the language that has been used. The improvements which have taken place in every other branch of medicine were, it is true, much more rapid, and much more brilliant than those that have occurred in

our science. There is something much more inviting to the philosopher in the discovery of the seat of the disease, than in slowly watching its progress, and the effect of medicinal agents upon it. The present age has exhibited most honourable proofs of industry, of sagacity, and of acuteness, in the exploring the hidden condition of organs; it has sedulously watched over the diagnosis of some of the most insidious morbid alterations; it has given to us new powers of judging by the senses alterations of structure; our knowledge of the functions of the respiratory apparatus has been enlarged, and we have every reason to affirm that we have not been idle in our generation; but we have but little advanced in those paths which Sydenham pointed out as those which are to be trod by the followers of truth.—"Sentio autem nostræ artis incrementum in his consistere, ut habeatur, primo; Historia morborum, seu descriptio, quoad fieri potest, graphica et naturalis, secundo; Praxis seu Methodus circa eosdem stabilis ac consummata." The nosologists, in the age that immediately preceded our own, have attempted to obey the injunction contained in the first of these precepts, whatever their faults may be in their classification. We are indebted to Sauvages, to Cullen, Darwin, Pinel, Vogel, Sagar, Macbride, Hosack, and also to Young and Mason Good, for their great and valuable labours in arranging and classifying diseases; it remains for us to fulfil the last of those precepts which our great master inculcated; it is for us to lay down fixed and determinate methods of cure by inquiring into the nature of every therapeutic agent we possess, and examining in what stage of each disorder it is best administered; thus are we obviating the reproach of Sauvage,—"Medicina, nemine refragante, conjecturalis est adhuc scientia." Every hour seems to place in our power fresh materials, further resources, and we must avail ourselves of them both in the palliation and the cure of disease. It is our duty to become intimately acquainted, not only with what we can produce effects, but also where we possess no power; and we are not justified in the employment of any remedy with whose virtues we are not thoroughly acquainted, excepting in such cases where that, upon which we have every reason to depend, disappoints our just expectations, or where circumstances of a singular kind arise; there are certain unfailing landmarks by which, in your practice, you may be guided, and I have attempted to lay them down. Much, however, remains to be done. Where you do not clearly see your way do not employ any medicine that may aggravate the disease if it do not succeed, remembering the adage, which is as old as the days of Hippocrates, that if you can do no good, you must do no harm.

You must remember that disease is cured by art imitating nature, by the discovery of what means the vis medicatrix relieves herself in various states; that each individual should be treated not only with reference to the seat of his disorder, but to its cause; that this will be materially influenced by his age, by the season of the year, by his temperament; that there must be a careful examination of his situation, of all the circumstances connected with the general habits of his life. You must also bear in mind the difference between symptoms and disease, that, for instance, neither dropsy, nor jaundice, nor chlorosis, are the actual disease, but that they are signs of a morbid condition of the organs, and that as soon as you have applied your remedy for the cure of the symptom, you have a still further duty to perform in discovering and obviating the cause. During your vacation I would strenuously recommend to you to peruse the works of Sydenham, if you only study his preface you will learn to value what that great man has done. It is to the hints which are prefixed to the works of Sydenham that mankind is everlastingly indebted. That preface, to use the language of his great American annotator and admirer, Dr. Rush, "should not barely be read, it should be studied; for there is the same difference between reading and study, that there is between exercise and labour. It should afterwards be read over and over, if you expect to profit by it. It should likewise occupy a place in your parlour window, in order to be consulted more easily in every hour's respite from business." Sydenham himself has said, in his "Treatise on Dropsy,"—"If a person will give them a *single* reading, I am sorry I should be the means of making him lose his time; but if he will peruse them *often*, and commit them to memory, I dare say he will reap such advantages from them as may, in some measure, equal my wish, and the great pains I have been at in making and compiling them."

It has been most falsely said, that Sydenham was not regularly initiated in his profession, and that he had not deeply studied that science which he so deeply loved; but Rush has indignantly observed, "That it should be imagined that the greatest physician of the age arrived at so high a degree of skill without any assistance from his predecessors, and that a man, eminent for integrity, practised medicine by chance, and grew wise only by murder, is not to be considered without astonishment."

I am fully persuaded, that by our investigation of the means of cure, which has hitherto been so much neglected in comparison with other studies, that we shall avoid the stigma that has been, in former days, thrown upon our limited means of cure. Had Sydenham been acquainted with the drugs we possess, what an invaluable legacy would have been handed down to us of their

uses. Observe what he did in pointing out the stage in which bark should be employed. What mischief to mankind, what sorrow, would have been spared, had his predecessors, instead of quarrelling about its poisonous or medicinal property, watched when it should be given. Read his observations of the effect of opium in fever, or in rheumatism; he explains to you the precise moment at which it is to be given. On the fourteenth day of a fever, in the former instance, it becomes a charm to cure; before that moment, it is most injurious. In the latter disease, it is invaluable; but if a small quantity, even, of blood has been drawn, it renders it most difficult of cure. I fear there are few who have so cautiously introduced to our notice powerful substances; yet how tremendous is the power we now possess. I need scarcely mention those that will occur to you,—as strychnine, prussic acid, arsenic,—yet how indiscriminately they have been given I have had some opportunities of detailing to you.

Few are the discoveries that have been made by mankind, that have not, in the first instance, abounded with faults and with errors, from which much mischief has arisen; and it has required some length of time to dissipate the vapours which have surrounded truth, and rendered her almost invisible. Hence medical men are now grown more sceptic, more inquiring, and less willing to yield up their own opinions to the authority of others. It is true that this causes a difference of opinions, which excites much astonishment in the minds of those who are unacquainted with the history of our science. But men think for themselves. The studies which the medical man has first pursued have only taught him the great foundation upon which the superstructure is to be laid: his practical experience, the exertion of his intellect, must then add all else. "Every physician must rest on his own judgment, which appeals for its rectitude to nature and experience alone: among the infinite variety of facts and theories with which his memory has been filled, in the course of a liberal education, it is his business to make a judicious selection."

The public seems to have been surprised that, when the cholera first made its appearance, the profession paused, discussed the different points connected with its contagion, and came to no decided conclusion. But those who know the difficulties attendant upon distinguishing facts from the opinions of heated imaginations, practical information from plausible theory, who have seen delusion after delusion rise up and disappear, thought it right to hesitate, to examine the previous annals of mankind, to obtain more information, carefully to digest what they had heard or seen, and then to reason from what they already knew on similar subjects. When we reflect, that when the plague first arrested the attention of physicians, the numerous fallacies into which they fell did irreparable mischief, we cannot blame the caution of the present age, but admire the calm and philosophic manner in which the medical men, in every climate, have braved every danger, whatever conviction of hazard may have forced itself upon their reason.

It is true that their apparent indecision has a bad effect upon the public, who are generally carried away by the bold and impudent assertions of the daring pretender to superior knowledge. It is an odd fact, that those who are sceptical towards educated men are generally the credulous dupes of quackery, and the laughing-stock of the man who lives by their folly. But not only do they render themselves ridiculous, but they often mislead others, and become searchers after proselytes, which they make at all hazards, at the expense of their own health, as well as of honesty and truth. It should be remembered that quack doctors are the greatest liars in the world, excepting their patients. It is to you, however that, in moments of sickness, sorrow, and distress, the sick man turns with anxious eye, catching from your look, hope or despair, and demanding all that pity and compassion can bestow; and happy will you feel, if, reposing with confidence upon your own power, you can reach forth the outstretched arm, assuage one pain, and give to suffering nature the balm of hope. Upon your own industry must depend the possession of the most exquisite pleasure life can bestow. By studying as you have already commenced, you will attain this most desirable power. Let no difficulties deter you. "Be not at first ashamed of your ignorance,—that has been the lot of all: but of your unwillingness to acquire knowledge, when the opportunity presents itself, you should, indeed, be ashamed."

The question naturally arises, what are the inducements to the study of a profession which engrosses every faculty of the mind, demands the most laborious attention and the most indefatigable industry, and is beset with cares and with anxieties that are frequently overpowering? To this our answer is, that we must make the toil a delight: with the *studio fallente laborem*, we are gradually led on through irksome paths to all the enjoyment which our profession gives: and this enjoyment depends more upon internal sensation than upon rewards from the world. We acquire that which to the intellectual man is Heaven's choicest gift—knowledge; and the consciousness within must ontweigh the gifts that earthly monarchs might bestow. With these returns we must rest contented, for the truth is indeed too obvious to require explanation—that of all professions and occupations of life, the medical man's is the worst reward-

ed. It is so even in this country, where the qualifications are better understood, and where toil of mind meets more recompense than elsewhere. The profession is certainly highly valued, and individuals are rewarded with wealth, and then of course obtain the honours that are usually granted to riches. But whilst the other professions have their splendid rewards from the government of the country,—whilst the clergyman sees before him the sacred mitre, the lawyer the venerable ermine, nay, even the political adventurer may grasp the highest honours of the state,—the medical man has no such stimulus to urge him on; no resting-place after a long career of industry: too often, after bestowing blessings, health, and life around him, he sinks in unforgotten slumber to his grave.

Dr. Johnson has observed, in his "Life of Akenside," that "a physician in a great city seems to be the mere plaything of fortune; his degree of reputation is for the most casual: they that employ him know not his excellence; they that reject him know not his deficiencies. By any acute observer who had looked on the medical world for half a century, a very curious book might be written on the fortune of physicians." This observation of the great moralist is, alas, too frequently verified; we find individuals, possessing no qualifications save those of impudence and self-possession, carrying away the honours and the profits of the profession, whilst the man of real talent, of deep learning, and enthusiastic love of science, passes unnoticed and unheeded by. This reflection has often stopped the student in his high career, and turned him despondingly away from the inquiries that lead to truth and knowledge. One of the instances which came before the eye of Dr. Johnson was that of Dr. Richard Bathurst, who omitted no honourable means by which he might attain the object of his ambition,—that of being an eminent London physician; but he failed in his endeavours, and left England, acknowledging to Dr. Johnson, that, in the course of ten years exercise of the profession, he had never opened his hand to more than one guinea. The person however, who, possessed of industry, of perseverance, and of patience, seizes on every opportunity that is offered to him, will at length triumph over the difficulties and delays that baffle the weak-hearted in their pursuits. Certainly many instances may be adduced of individuals who, without learning, skill, or attainments, have been successful. The blanks in the lottery of life must not, however, prevent the deep study and anxious wish for the acquirement of that knowledge which, though it may not prove immediately useful, will confer a lasting happiness on its possessor. The study of physic does not demand more genius or a greater degree of understanding than any other profession: it requires natural acuteness, good sense, and unwearied industry. The reading, though it should be extensive, is not of such vital importance as the powers of observation. We should study with greater avidity the book of nature, which is open to the sight of all, than the abstruse speculations of theorists, or the cases which have been drawn up by others, and not always with that veracity which is necessary.

You are now aware of the beauty and the excellence of those sciences in which you have been instructed; you no longer require those incentives to excite that laudable curiosity which inspires an ardent thirst for knowledge; you are already, I am persuaded, convinced that all investigations which lead to an acquaintance with the nature of man are deeply interesting, and are honourable to him that pursues them. You will find in the further progress of your studies a source of the most sublime sensations, and an inexhaustible field of moral and intellectual pleasure.

PROFESSOR TOMMASINI'S REMARKS ON THE ACTION OF CONTRA-STIMULANTS.

TRANSLATED FROM THE ITALIAN.

By KEITH IMRAY, *M.D.*

(Concluded from page 772.)

BEING firmly imbued with the opinion, that one could not, with safety, admit any particular medicine among the number of contra-stimulants, without comparing the action of it with that of other remedies of an opposite virtue, I allowed no opportunity to escape of subjecting aconite and cicuta to this test:—Maria Guatteri, a patient of my friend Dr. Nobili, was attacked with an obstinate ophthalmia, accompanied with severe headach. She had received considerable benefit from bloodletting, drastic purgatives, and refrigerant collyria; but the headach still continued, with less severity, and the inflammation seemed to assume a chronic form. Induced by the prevalent opinion that blisters are useful in such cases, which was confirmed by the advice of another medical man whom she had consulted, she applied blisters behind the ears, and shortly after a large blister to the nape of the neck. The headach was consequently somewhat diminished, but the inflammation of the eyes was increased, and she passed restless nights without sleep; the medical man who advised the use of the blisters then thought it necessary to order a mixture with laudanum to be taken at bedtime, but this medicine did not answer the intention with which it was prescribed; on the contrary, the watchfulness and the pain of the head and eyes were

augmented by it. I was then called to see her, and directed she should be bled freely in the morning, which relieved her immediately, and I prescribed a pill containing eight grains of extract of aconite to be taken every two hours. Having taken three of these pills the first night, she slept a little; the following day she took five, which had the effect of diminishing the stinging pain of the eyes considerably. I ordered the dose to be gradually increased until she took a drachm of the extract in the course of twenty-four hours. She was cured by the use of this medicine, which sometimes produced weakness at the stomach, with frequent inclination to vomit, and occasionally a cold moisture was observed on the skin.

In the following cases I was also able to contrast the action of aconite with that of stimulants:—Teresa Bertelli was affected with chronic hepatitis accompanied, as is generally the case, with hæmorrhoids. Her miserable appearance, the loss of appetite, the colour of the skin, and the long continuance of the disease, might have led one to suppose that it was of a hyposthenic nature. The parents and friends were of opinion that the principal means of treatment should consist in raising her strength by generous diet. But wine and spirituous liquors, to the abuse of which the origin of the disease might probably be attributed, had become insupportable to her, and it was only by the constant use of purgatives, and a corresponding diet, that she felt the pain at the epigastrium, and the hæmorrhoidal irritation alleviated. Requested at this juncture to take charge of the case, I commenced by prescribing saline purgatives, and the acetate of potass. I afterwards had recourse to aloes and calomel, which I had frequently found very efficacious in similar cases, and by these means the evacuation of the bowels became habitually easy to the patient, the painful sensation at the hypochondrium was gradually relieved, the colour of the face was improved, and the hæmorrhoidal inflammation (which is, as it were, a thermometer of the state of the liver) also gave way. With the intention of showing the effects of an opposite treatment I allowed the patient, before the disease was entirely cured, to drink good wine, and to take such food as she was accustomed to when in health. The consequence, which soon followed this, was a recurrence of the hæmorrhoids, and of the pain at the stomach and right hypochondrium. I then commenced with the extract of aconite, a scruple of which, divided into three pills, was given at intervals during the first day; the same quantity was administered on the second and during several successive days; half a drachm was then given every twenty-four hours, and the quantity was at last gradually increased to a drachm and a half per diem. The dose, however, could not be continued in this quantity. I was obliged to fall back to a drachm a day; the pulse having become weak, and the patient complaining of a sensation of faintness, attended with cold sweats on the forehead. These symptoms were quickly removed by the use of wine and ether, which showed that they arose from a degree of contra-excitement carried beyond what was necessary, at least as far as regarded the stomach and nervous system. By the use of the aconite the disease was completely cured, nor were any of its symptoms aggravated, even when this medicine was given in larger doses than the patient could tolerate.

Luizia Boni laboured under gastrodynia, which was increased after eating, particularly when she made use of food of a stimulating nature. She took aromatic infusions, wine spirituous liquors, theriaca, &c. (which, from a vulgar error, people generally have recourse to when suffering from pain at the stomach), but instead of deriving any benefit she found them highly injurious, the sensation of heat being increased, the pain becoming more intense and of longer duration. She found relief only from magnesia or the neutral salts, which she took occasionally when her bowels were constipated. She was in this state when I first saw her. I immediately interdicted the use of food and drink of a stimulating nature, and prescribed the continued use of purgatives and cold drink. The amelioration of the symptoms was soon felt, and by degrees she was restored almost to her wonted state of health. This treatment having been continued during a fortnight, I allowed her to take her usual diet and wine. The purging and long abstinence had given her a most voracious appetite, and the consequence was that she indulged herself to an excess. Hence the pain and heat of the stomach soon returned, and were so acute on one occasion after a meal, that, without consulting me, she again put herself on diet, and recommenced the use of purgatives. I now caused her to discontinue every other remedy, and prescribed the extract of aconite in doses of eight grains every three hours, increasing the dose daily; by this means she was soon able to take a drachm of it in twenty-four hours. This remedy continued upwards of a month, and then gradually diminished, completely cured the patient of a disease which had afflicted her for a great length of time.

A young man, of slender make and irritable temperament, and whose habits were very irregular, was subject to a pain at the stomach, frequently accompanied with vomiting. Having for a length of time neglected these symptoms, the vomiting at last occurred daily, and the pain becoming constant, he found himself compelled to seek medical aid. Magnesia and rhubarb

were first tried and with some advantage; but the pain still continuing, and the vomiting recurring frequently, recourse was had to a mixture of wine and cinchona bark, and at the same time the cordial mixtures, as they are called, particularly Hoffmann's anodyne, were freely given; opium was also administered; the patient was very partial to this medicine, for though it did not relieve him, yet, to use his own expression, it made him feel "superior to the pain." The disease gained ground; in addition to the pain and heat of the stomach, increased by food and stimulating fluids, the epigastrium became tender, and the slightest touch was insufferable; the pulse was frequent and vibrating, and the countenance exhibited that peculiar expression which induces one to suspect the existence of chronic gastritis. I proposed a total change of treatment, viz., bloodletting, iced water, refrigerant emulsions, and decoction of salep. The blood was thickly buffed, which justified the change of treatment. A second bloodletting was decidedly advantageous. The pain became less urgent, the vomiting not so frequent, and the cold mucilaginous drinks were tolerated without inconvenience. Extract of aconite was now exhibited in doses of eight grains, three times on the first, and four times on the second day, and so on, as far as four scruples per diem. The patient suffered no other inconvenience from this medicine than the cold sweat, and occasional dimness of sight, which symptoms Schenk and Gmelin have also observed to arise from it, but which were easily removed by any mild stimulant. By continuing this plan of treatment during the space of three weeks, the disease was completely subdued.

Signora Tommasini, though of a robust and healthy appearance, had nevertheless suffered at different times from severe illness; she was attacked with an acute and deep-seated pain of the stomach, attended with daily vomiting, of such an obstinate nature that it continued, with only occasionally a slight mitigation, during a period of nearly twelve months. I suspected that this severe affection arose from chronic inflammation of the mucous membrane of the stomach, analogous to a severe external erysipelas, which had more than once threatened her existence; but of this I was doubtful, in as far as it might have been connected with that vague and indefinite affection usually called hysteria. It did not, however, appear to be of a hyposthenic nature, for the pain was sometimes so severe as to alarm my medical friends, who could only relieve it by the abstraction of blood. Food and drink of every description were vomited, potatoes alone being frequently retained in preference to everything else; the most delicate wine was insupportable, and warm drink increased the pain. Purgatives given to relieve an obstinate costiveness were retained by the stomach, and so far from augmenting the pain, tended to relieve it, but cordial mixtures, Hoffmann's anodyne liquor, laudanum, &c., always increased it. The slightest pressure over the epigastrium was painful. Warm fomentations, and even sitting near the fire, increased both the pain and heat at the stomach. Ice gave decided relief, as well as cold drinks and saline purgatives, and all the symptoms were alleviated by the use of extract of aconite.*

The following case shows the counter-stimulant power of digitalis:—

Signor Felice Casagrande was attacked with very severe pneumonia. Seven copious bloodlettings (the blood each time presenting a well-marked buffy coat), and the use of antimonials checked, without removing, the internal heat and pain of the side. The dyspnœa continued urgent, the expectoration scanty, and tinged with blood, the face was flushed, and the pulse vibrating like a cord,—in fact, the inflammation was progressing, and approached the stage of hepatisation. In this state of things I had recourse to digitalis, in doses of three grains every two or three hours, continuing the use of it night and day. After five or six doses the pulse began to yield, becoming less frequent, and losing its characteristic vibration; the dyspnœa, heat, and flushing of the face diminished at the same time. After using this medicine during three days, the pulse was restored to its natural frequency and softness, the respiration became gradually more easy, as well as the expectoration, which, losing its bloody tinge, was rendered more copious. It was obvious that the action of the digitalis was analogous to that of the bloodletting, and perhaps contributed in a more permanent manner to subdue the inflammation. I continued diminishing the dose until the disease was cured. There remained, however, a painful, dragging sensation at the lower part of the right lung, which again induced me to administer the digitalis in doses of two grains every four hours, under the idea that inflammation to a certain extent might still exist in some portion of the lung, or pleura. This suppo-

* I do not think it necessary to translate all the cases relative to aconite and cicuta; and though the notes attached to this paper are highly interesting, yet they are too lengthy for insertion in a weekly journal. I have only translated one case, showing the counter-stimulant action of digitalis, which remedy, as well as prussic acid, is now well understood in this country to possess a counter-stimulant action. The distinguished author considers the oxide of bismuth as an excellent counter-stimulant, particularly in chronic inflammation of the stomach and pylorus, and in cases of vomiting depending on excess of stimulus.—K. I.

ition was not found to be correct; the painful sensation arose not from inflammation, but from adhesion resulting from it, and requiring, of course, time rather than medicine. The inflammation having ceased, the digitalis could no longer be tolerated; it soon diminished the frequency of the pulse, the pulsations on the night of the first day having been reduced to forty-five in the minute, attended with a feeling of weakness, and cold sweats on the brow. Digitalis, like bloodletting, can only be tolerated and employed with advantage according to the degree of inflammation.*

I may here mention two cases which I, had under my charge at Horncastle, showing that hyoscyamus, or cicuta, may be given in heroic doses in this country as well as in Italy. The first was that of Frances Kirk, a young woman, who had suffered severely during nearly three years from a chronic inflammation of the neck of the uterus, which was enlarged, indurated, and very painful to the touch and to external pressure. When I first saw her the pain was very acute, she was much emaciated, and confined to her room. Stimulating food and drink invariably increased the pain, nor was she relieved by opium, which, on the contrary, was found injurious. I ordered leeches to be frequently applied to the hypogastric region, and prescribed hyoscyamus and cicuta, which were taken ultimately to the extent of nearly a drachm per diem. This treatment continued for several weeks completely relieved the pain, and she soon recovered her strength; her appetite is now good, and she can move about as usual, having walked ten miles one day, and she considers herself cured; but this complaint, from any excess, will in all probability relapse.

The second case was that of Sarah Nicholson, aged about fifty; she had an ulcer about the size of a shilling, close to the mouth of the uterus, which has considerably enlarged. She suffered also from constipation, which is generally troublesome, as Tommasini remarks, in these cases. Opium and other stimulants did harm, as in the first case, and the henbane and cicuta were equally well tolerated, and conjointly, with the application of leeches, were the only means from which she derived benefit, and though the disease is probably not cured, she suffers comparatively little inconvenience, and her general health is much improved. Some time ago she felt herself so well that she discontinued the medicine without my knowledge, and the symptoms became as urgent as before; she was, therefore, obliged to have recourse to it again, and with the same beneficial results.

* Tommasini considers bloodletting to be the most powerful counter-stimulant we possess; but, as he states in the above case, digitalis may be considered as having a more permanent action in subduing inflammation after bloodletting than if administered alone; this remark, with regard to digitalis, of course applies also to T. emetic, and other counter-stimulant medicines. He states in his work, "Dell' Infiammazione," that there is a limit to the abstraction of blood in inflammation, which can only be tolerated to a certain extent; and as he distinctly points out the symptoms arising from an excess of counter-stimulant remedies in inflammation; he also shows the results induced by an excess of bloodletting. He says, "there is an intolerance of too great abstraction of blood, which is rendered evident by an incalculable frequency of pulse and a minute vibration of the arteries, which increase, instead of being moderated, by again opening a vein. This is principally observed in treating an acute inflammation, where it has been considered necessary to repeat the bloodletting several times. I am not able to point out what the condition of the arterial system may be, but I know it to be not only intolerant of stimulants but of bloodletting also; nor am I ignorant that though the blood presents very little crassamentum, it nevertheless continues to be buffed. I am also aware that in this state only mild counter-stimulant remedies can be tolerated."

HEALTH OF THE BRITISH NAVY.

To the Editor of THE LANCET.

SIR:—I was gratified to see in your numbers for the 5th and 12th of May, that you have directed the attention of your numerous readers, by a series of facts, to that important and truly national subject, viz., the health of seamen. I hope you will persevere in this matter, so that not only the medical profession, but all persons who are alive to the safety of our united kingdom, our many and far distant colonies, will be induced to collect facts, and furnish materials to assist you in your truly laudable efforts to benefit the health and promote the comfort, nay, to preserve the lives of those men who, are at all times and always said to be, so *indispensable* to our prosperity and superiority as a people; yet what is the true state of the case? Why, that the interest and welfare of the sailor is totally neglected, and entirely lost sight of by our rulers, who have eternally in their mouths the landed interest, to which that of the mariner, and the other interests of the nation, are invariably sacrificed. I had supposed, till I read your papers, that ever since the publication of Sir G. Blane's "Essay on the Health of Seamen," nothing was wanting in that department of our

Navy, particularly since the experimental voyages of Captain Parry and Ross; and that scurvy was banished, or indeed never seen, on board of a ship of war, or in any vessel under the charge of a naval surgeon. At one time, as far as I could judge from what I saw at the port of Greenock, having a great West India and American trade, cases of scurvy were seldom met with, unless, as sometimes happened, that the disease was consequent to an injury that confined the sailor to a damp or ill-aired berth, a melancholy case of which I visited with one of my medical friends not long ago: the mate of a brig, in a voyage from Honduras, being neglected, or rather ill used, by the master, he fell a victim to scurvy, and died two days after getting on shore. But at present, and ever since the opening up of the Eastern seas, numbers of seamen die from scurvy, and many are landed exhibiting all the symptoms as described by the earlier voyagers.

A brig belonging to Clyde, laden with sugar, from the Mauritius, lost five or six men out of a crew of eighteen, and I have heard of other vessels coming from the same island into Liverpool losing as many. A short time before I left Greenock, I had a young athletic seaman under my care; his gums swollen, spongy, and bleeding; his skin full of livid blotches, the calves of his legs hard and contracted to lameness; he arrived the day before in a barque, from the Mauritius; he told me that seven of the hands were in the same state; out of a crew of twenty-five men the rest of the sailors were not in a healthy condition. Being asked if they had no fresh provisions on board, he replied "*plenty*, for the cabin was full of passengers."

Now, I am confident that the skipper was totally ignorant of the nature of the disease that disabled his people, otherwise he could easily have cured them, by an allowance of fresh food and wine from the cabin; or if that could not be had, he might have measured a portion of sugar as an antiseptic. Fortunately this vessel got into port in fine summer weather; had she to encounter the cold and wet of a winter passage, it is not likely she could have reached a harbour with a crew in such a weakly state. The voyage from the Isle of France is on an average a run of ninety days only; the ships composing the Channel Fleet kept the sea for upwards of a 120 days, without a morsel of fresh food, and yet none of their crews were in the least tainted with scurvy, so when it occurs it must be attributed to gross ignorance or wicked management. To give another instance of the indifference for the health and life of seamen in our mercantile marine,—I knew one of our crack ships to leave the island of Trinidad with a third part of her crew laid down ill of intermittent fever, and the remainder all more or less under the influence of malaria, without a single grain of quinine, bark, or any other kind of febrifuge. Now, when we think of the very low, swampy beach, the men obliged to be constantly in the boats, conveying cargo to the ship,—such conduct (to medical men) appears little short of murder. Well may the Editor of THE LANCET say, "As the case at present stands, the master and shipowners have the lives of the men absolutely in their hands; in short, they can put any given number to death at will, without employing any other means than bad food and insufficient air."—LANCET, p. 310.

Cases such as I have mentioned are now of such frequent occurrence, that the Greenock and Port-Glasgow Medical Association have resolved to call the attention of the Legislature to a subject of such vital importance to their different communities.

In my inquiries amongst the intelligent retired captains of the mercantile marine, I met with no one who knew or yet had seen a case of scurvy, although most of them had spent the better part of their lives at sea, in various quarters of the globe, experiencing all the vicissitudes of hot, cold, wet, and foggy climates. Few masters seemed to be aware of the specific virtues of lemon juice, they always mentioned vinegar as a remedy. Now, vinegar has again and again been proved of no use; indeed, I know that some medical men think it prejudicial, from its effect on the stomach.

In short, how could it be expected of them to know a disease they had never seen, to their knowledge, or perhaps only read of in Anson's voyages. A disease of which not the least notice is taken—nor is the word *scurvy* to be met with in the various direction-books that are put into their hands, full of instructions, showing how to administer the many remedies and drugs that fill the medicine-chest, and what should appertain to the health of their ship's company.

Having examined many direction-books furnished by the apothecaries and druggists of Glasgow, and the adjacent sea-ports, I could find none of them even allude to scurvy, a disease of all others the most incidental to those confined on shipboard. I trust those supplying ships hereafter will correct this defect, or rather omission, and furnish some gallons of lemon juice, which costs about 2*s.* 6*d.* a gallon only; it will be safer and more useful to the sick, in the hands of seamen, than the major part of the preparations that are usually packed into the medicine-chest.

I believe it to be a well ascertained fact, that in general Scotch ships suffer less from scurvy than English, and this exemption has very properly been attributed to the nourishing and antiseptic virtues of barley broth, a kind of vegetable soup, or pottage,

which is in daily use with the Scotch, whether on shore or afloat, whilst the English prefer plum-pudding. The French have a proverb in praise of soup,—they say, "La soupe fait le soldat;" certainly those restricted to the constant use of salted food, dry biscuits, and ardent spirits, require some tisane, or diluent, to correct the heating and stimulating effects of such a diet. In cold weather soup heats the body, creates perspiration, &c. &c., so that no vessel should be allowed to sail on a distant voyage without materials to prepare it. French sailors suffer less from scurvy than British seamen, especially in warm latitudes, as they make use of wine, while our people are restricted to fiery, newly made rum, which is conjectured rather to predispose to the disease. Might not our Government profit by their experience? At all events wine is surely more grateful in hot weather, if not more antiseptic and nourishing.

Damp is a cause, the most destructive of any, to the health and comfort of seamen, and, at the same time, it is evident that it is the most difficult to get rid of or overcome on ship-board; it not only induces scurvy, but rheumatism, fever, dysentery, &c. I fear it is not sufficiently guarded against in the greater number of vessels employed in the merchant service; perhaps the dread of fire or the policy at Lloyd's may in part account for this: in proof of the power of this cause I may remind the reader that one of Captain Parry's petty officers was affected with scurvy before the vessel was fifteen days at sea, in spite of all the precautions of art and science. This damp can only be effectually got rid of by the use of fires or stoves, in which charcoal or coke should be burnt on account of its superior drying power. The heat and carbonised vapour of charcoal corrects and also destroys the noxious and poisonous effluvia of human exhalations, which must always be in a concentrated state when men are obliged to sleep, eat, &c., in very limited space, as on ship-board. Stoves are not only allowed, but they are in constant use on board of vessels employed in the Newfoundland trade, small and sharp-built though they are; for without the fire or stove how could the sailors get their clothes dried, exposed as they continually are to the wet and cold fogs so prevalent on the banks and coast of that isle, or how could they get the air of their sleeping berths corrected and renewed.

I have known a ship's crew, loading timber at Sierra Leone, kept in good health by the constant use of the stove in the forecastle and sleeping berths, drying and correcting the air, naturally moist and charged with noxious miasms, generally in a concentrated state in the interior of a vessel full of timber, on account of the mud and vegetable matter that adheres to the logs. From what has been said of Dr. Arnot's stove it would appear to be admirably adapted for ship-board. Naval surgeons experienced in the transport of emigrants and convicts to New South Wales, have found no means so effectual in correcting fœtor, and purifying the air of the between decks, as the use of the fire or stove, having proved the wind-sail to be of little or no advantage.

Being accidentally on the Custom-house pier, at Greenock, when a seaman was taking his chest and bedding on board of a ship bound for New South Wales, I was shocked to see that they were in a dirty and foul state, as was shown by the cloud of dust that arose from them when they were pitched off the pier in the boat; the poor creature was tipsy (which, I am sorry to say, is too often the case, at the very time his wits and strength are most required, were it only to get the ship under way), and escorted by people of bad character, who dwelt in a quarter of the town infested with typhus fever, at that time almost epidemic. Since the above was written, I have not heard of any mischief being done to the crew or passengers of the ship that the above-mentioned sailor was attached to; but I see by the "Greenock Advertiser," that the *Minerva* transport, that sailed from Greenock a few weeks after, had no less than twenty-seven deaths from typhus fever, verifying what I dreaded might happen when I saw this man's bedding. This incident led me to inquire if there was any regulation extant, or in force, for the guidance of the captain or seamen in the merchant service, as to clothing; can landsmen credit it, that there is none? that the Government is so heedless and indifferent to the health and lives of its floating subjects, that this vital matter is entirely left to the judgment of the sailor, proverbially "thoughtless," or what is still worse, is often left to the tender mercies of an avaricious crimp, who, on account of this neglect of Government, contrives to fatten on the life-earnings of this over-looked portion of her Majesty's subjects, hundreds of whom are compelled, by the nature of their calling, to encounter the benumbing colds of the arctic regions in whaling voyages, or in making the spring trip to the Canadas, or other ports in North America; whilst as many others, again, suffer all the enervating and relaxing effects of a scorching tropical sun in their courses to the East and West India colonies.

In regard to the youths who are bred to sea in the merchant service, I beg leave to make two observations; the first is, that I know that they have few opportunities allowed them for education whilst they are under indenture, their time being wholly taken up in doing very menial offices about the ship when she is in port. The second

is, that I fear, from what I have witnessed, that there is a very great want of care and attention on the part of those who have the charge of the boys, to see that they attend to personal cleanliness during the voyage, no time being fixed for this Christian duty, so conducive to the health and comfort of every being.

Owing to the little attention that was bestowed on the health and preservation of our seamen during the last war, the supply fell far short of the demand, both for the navy and merchant service, although numbers of landsmen and foreigners were employed in both departments; indeed, the number of foreigners was so great in the merchant service, on account of the severity of the impress, that Government were obliged to issue laws limiting the number that were to be employed in each ship; whereas, if Government had looked to its own interest and that of the sailor, we should not have found so many of them seeking the protection of the American Government, and that merely because it was denied them at home. We can very readily manufacture out of the raw material,—man, as many soldiers as we stand in need of, in the short space of a few months; but it would exhaust the tact and skill of the most expert boatswain to make sailors out of the same material in as many years. If this is a fact, surely it is indispensably requisite for Government to take effective measures to preserve and watch over the lives of our seafaring population; fortunately in these times, when economy is so much spoken of, this can easily be done without much, if any, expense, either to the merchant or Government; the ship-owner may be required to furnish a few gallons of lemon-joice, and an ounce or two more of quinine, which will not amount to as many pounds sterling in a voyage; for this outlay he will have the machinery which directs his ship, and preserves his cargo, in so much better condition. As the Government have at present able and intelligent officers at all the shipping ports, whose duties are to see that justice is done to the emigrant, might they not be ordered, at the same time, to inspect all vessels leaving port, for all East India, West India, or more distant voyages; examining the provisions, clothing, water, medicine, &c.? Or, if it should be found that these officers cannot devote sufficient time to both, there is the Quarantine Establishment, whose usefulness is now, and has often very properly, been called in question: it might be directed to visit and inspect all vessels, with their crews, going on a foreign voyage, and taking a particular account of the outfit, so far as regards the health and comfort of the people on board, and at the same time requiring from those in command, on the *return* of the vessel to port, an account *of every man shipped, specifying* those who have been *sick, injured*, dead, or run. I should think, that if a procedure of this kind were put in practice, it would be acknowledged as a duty of essential benefit, not only to the seaman, but it would act indirectly as an advantage to our shipping and commerce; it would also be a powerful check upon neglect and cruelty, which, if the public prints tell truth, is but too frequently inflicted on the poor seaman when he is out of the reach of that protection which he expects from the laws of his country. I am, Sir, your very obedient servant,

NINIAN HILL, M.D.

Paris, July 20th, 1838.

ANOMALIES IN THE OSSEOUS AND ARTERIAL SYSTEMS.

By Mr. P. BENNET LUCAS, *Lecturer on Anatomy, &c.*

AMONGST the subjects received for dissection at the anatomical rooms of the North London School of Medicine last session, the following deviations from the usual condition of parts presented themselves. They are preserved in my museum.

No. 1.—A male subject, returned aged sixty, had only eleven ribs on either side. He was about five feet seven inches in height, and died of phthisis pulmonalis. The twelfth dorsal vertebra was absent, and to the right side of the body, and right transverse process of the first lumbar vertebra, a slip-like process of bone was attached by regular joints. This rudimentary rib was an inch and a half long, and curved upwards. The most interesting feature presented in this unusual variety was the distribution and size of the twelfth intercostal arteries. These vessels exceeded the diameter of a goose-quill, and passed, one on either side, to the corresponding kidneys, entering these glands about the junction of their middle and lower thirds. The legitimate renal arteries were much smaller than natural, and entered the kidneys nearer to their upper thirds than their centres. From the size and distribution of these intercostal arteries it is a fair conclusion to draw, that they were, during the sixty years the individual lived, as actively employed in the function of *secretion* as of nutrition.

No. 2.—A female, aged seventy, exhibited in the distribution of her arteries the most uniform irregularity; those of the upper extremities I have alone preserved, as they are highly interesting in a practical point of view. The brachial artery of the right side bifurcated as usual at the bend of the elbow into radial and ulnar arteries; but the radial was infinitely the larger. The ulnar artery, after running its usual course for about two inches, suddenly sent off a lash of branches,

viz., a large recurrent, several fair sized muscular, a huge interosseal, which ran down to terminate in the deep palmar arch, and a middle-sized "continued *trunk*," which *lost* itself in the superficial palmar arch, as it scarcely could be said to assist in its formation. The great radial trunk went its way, detaching few and insignificant twigs, and a quarter of an inch above the wrist-joint sent off a superficialis volæ, more as a matter of form than anything else, for it soon expended itself in the muscles of the thumb. The undiminished trunk of the radial now turned round the outer edge of the carpus, and at the angle formed by the metacarpal bones of the thumb and index finger, sent off two branches, the larger of which, the other being spent in the adductor pollicis and abductor indicis muscles, coursed along the inner edge of the metacarpal bone of the thumb, furnishing princeps pollicis, radialis indicis, and a retrograde branch to form, with the nearly exhausted ulnar artery, the superficial palmar arch. From this arch proceeded four branches, the smaller of which went to the inner edge of the little finger, the next bifurcated to supply the opposed sides of the little and ring fingers, the third bifurcated to supply the opposed sides of the ring and middle fingers, but the fourth, a pitiable vessel, ran to the head of the third metacarpal bone, and *there* joined a large digital trunk derived from the deep palmar arch. The continued trunk of this radial artery, at length sensibly diminished, took its usual course to form the deep palmar arch. At the proximal end of the metacarpal bone of the index finger, the large digital artery, already alluded to, merely acknowledging the receipt of the fourth superficial palmar artery, bifurcated to supply the opposed sides of the middle and index fingers. After forming the deep palmar arch, which sent off the usual arteries to the small palmar muscles, the radial trunk ran under cover of the muscular mass of the little finger, sending numerous branches therein, and then playfully turned upwards under the annular ligament, and united with the large interosseal artery from the ulnar.

In this very uncommon, if not unique, distribution of arteries, we find the radial a huge trunk, taking its usual course, and supplying the palm of the hand and all the fingers. Intent upon this purpose, it sends off but few, and these small muscular branches, and a superficialis volæ of no account; and merely condescending to make an intimacy with the ulnar and interosseal arteries, it takes upon itself not alone to form the superficial palmar arch, but to form it *much less in extent* than the deep palmar arch—the arch which it forms in the natural distribution, and which is in such case *much the smaller*.

On the left side of this subject the brachial artery divided as usual, but here the ulnar artery was very large, and the radial artery very small. The radial, *immediately after its origin*, sent off the superficial volæ, which vessel, through nearly the length of the forearm, was very delicate, and after detaching several small muscular branches, lost itself in the muscles of the thumb, without participating in the formation of the palmar arch. In its course it occupied the position of the radial artery. The radial trunk itself ran very superficially, and at the junction of the middle and inferior thirds of the forearm, turned round the edge of the radius to the space between the metacarpal bones of the thumb and index finger, where it sent off the palmaris profunda to form the deep palmar arch in the usual manner, the radialis indicis and the princeps pollicis, and, in addition, a second palmaris profunda, which formed, by joining the trunk of the ulnar artery, a second deep palmar arch.

The large ulnar sent off its recurrent branches, a posterior interosseal artery, two anterior interosseal arteries, and a long muscular artery. At the wrist it sent off its usual communicating artery, and in the palm of the hand, having received the second deep palmar branch of the radial, it supplied, as usual, three fingers and a half, without, however, forming any superficial palmar arch.

The practical inferences to be deduced from these unusual distributions are plain and of some importance. Had this individual been the subject of illness during her life, a very erroneous estimate of its intensity must have been indicated by the *pulse*, and did the practitioner depend chiefly on its condition, his practice would have been guided by the *wrist* he felt it at. Here, if the right pulse be felt, from the size of the radial, depletory measures would in all likelihood have been pursued; and were it the left an opposite mode of treatment may have been adopted; and if *both* wrists were examined they would at the least have given cause for deliberation in the case.

In addition to the varieties of arteries always being, when they exist, a source of difficulty when a vessel is required to be secured, this individual, did she require to have her left forearm amputated, would have presented to the surgeon no less than seven considerable arteries for the ligature.

The length of these observations prevents my describing, until another occasion, other deviations from the usual condition of organs.

7, Store-street, Bedford-square.

INFLAMMATION OF THE CAPUT CŒCI DURING PREGNANCY, AND THE EMPLOYMENT OF CALOMEL.

To the Editor of THE LANCET.

SIR:—Shortly after my return home in the year 1822, after the conclusion of my first session at the University of Edinburgh, I was requested by my esteemed and revered friend, the late H. C. Cape, Esq., surgeon, of Ireby, to attend my sister, in conjunction with himself, who was in her sixth month of pregnancy of her sixth child, and labouring under a severe and acute inflammation of the caput cœci. On my arrival I found the patient had great pain and tenderness in the right iliac fossa; vomiting, colic (which invariably returned in a severe periodic manner, about four o'clock in the morning and afternoon), and constipation. Mr. Cape had bled the patient freely in the morning, and she was bled again in the afternoon, each bleeding being attended with considerable relief, but never entirely subduing the pain. I was first called to my sister on a Friday afternoon (she lived at a distance of four miles and upwards from my father's), when, until the following Tuesday afternoon, general bleeding and other suitable means were had recourse to, local bleeding excepted.

On this day (Tuesday) she was twice bled again, and I ordered a dozen leeches to be applied to the seat of pain in the evening, all of which bit well, and bled freely. The patient being now greatly relieved of her pain and suffering, and I being almost completely exhausted from constant nightly and daily attendance on the case, I sought repose about midnight, for the first time since my arrival on Friday.

Notwithstanding my extreme anxiety to recover a most kind and affectionate sister from so perilous and dangerous a situation, I had fallen into a sound sleep for about half an hour, when my brother came to summon me to a case of midwifery in the neighbourhood of my father's. On being roused from my slumber, the first object of my care and thought was to visit and closely examine the condition of my sister before leaving her; I found she had been considerably easier of pain since the application of the leeches, but the bowels still continued obstinately constipated. Thus, before leaving the house, I was induced to prescribe some pills containing one grain of the chloride of mercury and three grains of the comp. extract of colocynth, with peppermint oil, in each, one of which I ordered her to take every hour, and in case the pain should return, as many of the leeches to be re-applied as would lay hold.

Being detained with the obstetric case, I could not re-visit our patient until the following Wednesday afternoon, when I was most truly thankful and happy to find that she was completely relieved of her complaint, there being nothing the matter with her now but weakness and a sore mouth. I now ascertained that during my absence the pain had returned with all its wonted severity about the usual time of four o'clock in the morning, when ten of the leeches were immediately applied, according to my previous injunctions, after which the pain entirely left her; the bowels had been several times freely acted upon by the pills, and she was perfectly free from all complaint, the sore mouth excepted; indeed, her mouth became so sore and inflamed from the action of the mercury, that I found it necessary to leech and blister her cheeks, and to gargle the mouth. In fact this remedy caused the patient nearly as much suffering during its continuance as the disease itself, but still I am strongly of opinion that it was a great means of saving her life.

The subject of this case had previously enjoyed ordinary good health, but was occasionally liable to dyspepsia and constipation when not pregnant. When the full period of utero-gestation was completed my sister was delivered of a small, living child, who is now a tall, slender girl of fourteen years ofage. This patient actually lost about 130 ounces of blood, independent of local bleeding. The circumstances of this and similar cases which I have witnessed, induce me to conclude this subject with a few remarks.

First. That pregnant women are not prone to abortion during inflammatory diseases.

Second. That calomel may be safely and advantageously administered in inflammatory and febrile diseases occurring during pregnancy, in conjunction with bloodletting.

Third. That both the disease itself, and the remedial means employed for its removal, may sometimes prove injurious to the human offspring while in utero in some cases; that is, they may occasionally produce an arrest of development, and thus affect both life and organisation. This subject opens out a wide field for future investigation and philosophical research in the deep and unexplored recesses of physiology and therapeutics. I remain, Sir, your obedient servant,

E. WILKINSON.

Aspatria, Cumberland,
July 16, 1838.

LEAMINGTON SPA.

WE have received several newspapers, with voluminous reports of a grand banquet to Dr. Jephson, at Leamington

Spa, but as the numerous speeches and details are purely local (although the Duke of Somerset declared that the delight of the doctor's admirers in Leamington, at the present festival, would extend to the circles of *Edinburgh and London*) we refrain from laying the Spa *Chronicle* and the Spa *Courier* under very extensive contribution. Some of the speeches could not be very tasteful to the modest mind of Dr. Jephson. That of the worthy chairman, Dr. Amos Middleton, was fulsome to excess, when we consider that the laudation was applied, not to the man of *science*, but to the "patron" of a watering place. We search in vain for the medical discoveries of the "great scientific character" of Leamington Spa. "It was well known," said Dr. Middleton "that most of the great towns in the kingdom had risen into fame in consequence of the residence of some great scientific character among *them*. He would ask, what would Birmingham have been without the enterprising skill and genius of a Bolton and a Watt,—what Liverpool, without the richly-stored mind of a Roscoe,—and what Manchester, without her twin-brothers of talent and persevering industry—an Arkwright and a Peel? (*Cheers.*) They might pursue the question still further, and bring it even to the threshold of their own doors—what would Leamington, he would ask, have been without her own highly-gifted son—Jephson, whose fame and skill, and enterprise, had brought annually, to her salutary streams, the great, the noble, the gay, and the rich, from all quarters of the empire, by thousands, all in search of his advice. (*Rapturous applause.*) This stimulus to her commercial greatness had filled the town with numerous noble and costly buildings devoted to the various purposes of man, and had now placed her upon an equality with the very first-rate watering places in the kingdom. Without a Jephson among them she would have remained Leamington Priors; she was now deservedly designated 'The Royal Leamington Spa.' It was unnecessary for him to enlarge upon the high medical character of Dr. Jephson; it was now well known and well appreciated. He was sought for not only by the skilful and unskilful of every grade, but the *members of his* (Dr. M.'s) *own profession, from all parts of the kingdom were, like himself, anxious to secure to themselves and families, when in need, the blessings of his medical skill.*"

Dr. Middleton, after making these latter remarks, must have been astonished at the following announcement from the Duke of Somerset, who alleged that the members of the medical profession were actually "envious," to sickness, of the fame of the Leamington Spa doctor:

"The Duke of Somerset, in acknowledging the toast, (his Grace's health) expressed the very great satisfaction he had derived from his occasional visits to the Spa, and the deep interest he took in its prosperity. His Grace also spoke in high terms of praise of Dr. Jephson; *of whose fame the profession in Edinburgh and London were so envious*, that whilst his prescriptions made the patient sick at stomach, his widely extending reputation *made the physicians in those cities, sick at heart*. The physicians in those cities had told them (the company?) that in seeking the aid of Dr. Jephson they were 'no judges;' 'but,' said his Grace, 'if we are not they are, and the result of their judgment is *the greatest uneasiness of mind.*' (*Cheering.*) His Grace concluded with expressing his opinion that, so popular was Dr. Jephson, the entertainment to which he was that day an invited guest, would be regarded with delight, not only by his admirers in Leamington, but among those circles in Edinburgh and London to which his great talents had introduced him."

Really, Dr. Jephson himself must acquit the London and Edinburgh doctors of any such jealousy: probably mention of his name is not made in a London or Edinburgh "circle" of medical men once a year. The unworthy feeling is more likely to be felt in the Leamington Upper Assembly Rooms where "the medical profession" was not given among eight and twenty formal toasts which were proposed and drunk in the course of the evening.

Dr. Jephson is evidently a great favourite in the flourishing town in which he has pursued his arduous professional duties with such fortunate results. Similar honours are seldom paid to the great contributors to the list of discoveries in medical science.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

ON THE ORIGIN AND SUBSEQUENT DEVELOPMENT OF THE HUMAN TEETH.

By Mr. John Goodsir.

As a great part of this paper is descriptive we shall only give the leading facts.

At the sixth week of fœtal existence there is no palate, but in the situation of its outer edge a lobe of a horse-shoe form. There is a lobe of nearly a similar shape in the situation of the inferior dental arch. Dentition commences in the furrows between these lobes and the lips. Dentition begins by the formation of what the author has denominated the primitive dental groove, which is situated between the lobes above mentioned, and a ridge which, commencing on each side posteriorly, advances along the bottoms of the furrows to the median line. The first rudiments of the teeth appear on the floor of the

primitive dental groove, under the form of rounded granular papillæ.

The papillæ of the milk teeth appear in the following order :—

7th week—Superior anterior molar; inferior anterior molar.

8th week — Superior canines ; inferior canines.

9th week—Superior incisives; inferior incisives.

10th week—Superior posterior molar.

11th and 12th week—Inferior posterior molar.

As soon as the papillæ are distinct, they begin to be inclosed in open-mouthed follicles or crypts, formed by the stretching across of septa from the outer side of the groove to the inner. The follicles increase more rapidly than the papillæ, so that instead of the latter protruding from, they can only be seen by looking into, the mouths of the former. The mouths of the follicles become apparently closed by the apposition of their edges under the form of laminæ,—an anterior and a posterior for the incisives ; an external and two internal for the canines ; and four or five of a quadrilateral form for the molars. The apparent closure of the follicle, or its conversion into a sac, is coincident with the moulding of the simple papilla into a pulp. The primitive dental groove now containing ten papillæ, each in its follicle, is denominated by the author the secondary dental groove. The rudiments of the ten anterior permanent teeth appear in the secondary grooves as little depressions internal to the mouths of the milk follicles. The secondary groove disappears about the fourth month by the adhesion of its walls except in the situation of the depressions for the permanent teeth. During the closure of the secondary groove a white granular substance is deposited between the pulps and sacs, but adhering only to the latter. These are the enamel pulps of Mr. Hunter. At each posterior extremity of either dental arch a small portion of the primitive groove remains in its original condition, in which appear the papilla and follicle of the anterior permanent large molar, which closing leaves a portion of the secondary groove, the *lips of which only* adhere, the *cavity remaining*, and producing the sacs of the two posterior large molars.

All the facts now detailed appear to the author to be new, but the subsequent development of the teeth is familiar to every one.

The author divides dentition into three stages :—

1st. Follicular.
2nd. Saccular.
3rd. Eruptive.

In the follicular, a stage hitherto unknown to anatomists, the future pulp is a free papilla, and its sac an open follicle. Dentition proceeds independently in three divisions —the molar, canine, incisive. The combined dentition of a jaw progresses from behind forwards. The partial dentition of a division progresses in a contrary direction, which is also the direction in which the follicles and secondary dental groove close.

Dentition in the upper jaw commences before, and is always in advance of that in the lower. There is an apparent exception to the latter part of this law in the case of the inferior incisives. The author explains this by the tardy development of the lateral elements of the inter-maxillary system of bones. The first permanent large grinder may be considered anatomically a milk tooth, in so far as it is the only permanent tooth developed from the primitive dental groove. From all these new facts the author draws the following conclusions :—

1st. That the human teeth take their origin from the mucous membrane.

2nd. That the permanents have no connection with, and are not productions of the temporaries.

3rd. That the pulps and sacs must be referred to the tegumentary organs called bulbs.

The author anticipates the discovery of a follicular stage in the dentition of all animals, and if so, that the mouths of the follicles of composite teeth will be found to close, and the depending in of folds of the sac, to be formed by the apposition and passage downwards between the divisions, and almost to the common body of the pulp of laminæ, which are productions of the mouth of the follicle, and equal in number to these divisions of the pulp. He also suspects that the successive dentitions of the elephant, and certain other of the lower animals, are managed either by the formation of a sufficient number of germs in the primitive dental groove, or, more probably, by the reservation of the secondary dental groove, under the form of a cavity, from which a succession of pulps and sacs may be procured as they are required.

On Friday a motion was made in the Medical Committee, by Dr. R. D. Thomson, to request of the Committee of Recommendations to advise the appropriation of £200 from the funds of the Association, for the purpose of bringing over from America, Alexis St. Martin, the remarkable man described by Dr. Beaumont in his late work on digestion, for retaining him in this country for a year, and for making experiments upon the function of digestion, for which his case is so admirably fitted in consequence of an aperture which exists in his stomach, through which the interior of that viscus can be examined. A similar recommendation was made by the Chemical Section. Yet we are sorry to say that the grant was refused in the Committee of Recommendation, we believe principally at the instiga-

tion of the Marquis of Northampton (who boasts of being a man of science), on the ground that the subject of experiment was *disgusting*. This comes of allowing hereditary legislators to take the management of the Association. We do think that scientific men should manage the affairs of a scientific body. Those who are destitute of scientific spirit are totally unqualified to appreciate the absolute necessity for scientific research. £2263 were voted to the Physical Section, and £200 were refused to the united recommendation of the Chemical and Medical Sections. We believe, however, that the medical men are to blame, as none of them were present at the Committee. The Chemical Section was represented by Mr. Whewell, who knows nothing of chemistry, and has, we believe, some superficial acquaintance with many things, and a deep one of nothing, who actually in the General Committee voted against the grant.

THE LANCET.

London, Saturday, September 15, 1838.

THE "science" of mesmerism, like the "science" of fortunetelling, will always carry on a precarious existence wherever there are clever girls, philosophic Bohemians, weak women, and weaker men, but it can no longer affront the common sense of the medical profession, or dare to show its face in the scientific societies after the late exposure. MESMER was justly declared by M. BERTRAND to be "*a man of very moderate "talents, but possessed with an ardent desire "to distinguish himself by novelties*, and by "escaping from the trodden path of his con-"temporaries." He had talent enough to deceive himself, and shrewdness enough to convert his delusion into notoriety and Louis d'or. His example was seducing; but *Baron* DUPOTET will probably find a speculation on the credulity of London unprofitable, when the few men of science who have momentarily fallen, by a strange aberration, into the mesmeric snare, honestly withdraw, put on the white sheet, and proclaim their errors to the world.

In approaching the investigation of the science, falsely so-called, some knowledge of the character of the O'KEYS' minds was indispensable. This was easily obtained. JANE O'KEY appears, on a cursory examination to be but a tame copy of her sister. ELIZABETH is a genius in her line. This is betrayed by her dark, piercing eye, her wonderful performances, and the power which she exercises over all who have come much in contact with her. One of her performances, it is said, was essayed at the chapel of the mad and Rev. EDWARD IRVING: O'KEY arose during the service, prophesied, and spoke the "unknown tongues" so clamourously that the deacons were induced to lead her out of the midst of the congregation. Her improvisations at the mesmeric sittings, the witticisms, the sarcasms, the snatches of song, which she spouted so prodigiously, were, not unfrequently, worthy of the licensed fool of the old comedy: the audience was often amused, when the jokes derived their raciness neither from ribaldry, profanity, nor obscenity. Her very impudence was *naïf*. The talent which she possesses in greatest perfection is imitation; the talent possessed by few of representing feelings and states of the mind vividly, so as to impress spectators with their reality. In this O'KEY is excelled by few actresses on the stage. During what is called her natural state, she mimicked a poor patient at University College Hospital, who laboured under *tic douloureux*; expressed the agony of the thrilling nerves, smote the head and cheek, uttered imploring cries, raised the eye, red, and moist with tears, and then sketched, as a *divertimento*, the Wry-Mouth Family. In the course of the experiments on Thursday, she took occasion to descant on "affected young ladies," gave several examples of the character delicately drawn, and, having worked up the indignation of the audience, concluded with an abrupt characteristic interrogative,—"Now, "what would I do with such a *fine* young "lady? Why, kick her a— to be sure." The coaxing, flattering strain in which she addressed Dr. ELLIOTSON, and her other favourites, displayed tact, consciousness of power in dealing with other minds, and a

full knowledge of all the advantages of her position. In her *delirium* she took strange liberties with the worthy Doctor, and addressed him in the following strains, "I am "an idiot, Dr. ELLIOTSON, and you are an "idiot," concluding in a patronising tone, "I know, now, you like compliments, Doctor, so I pay you this one." All these facts are important.

The mesmerists are very fond of finding traces of their occult "science" in the mysteries, the priestcraft, the temples, and the miracles of past ages; they see in mesmerism a scientific solution of the Delphian oracles, the Sibyl's rage, and the miracles of of ALBAN BULLER's saints. One rash professor did not hesitate to pronounce JESUS CHRIST a great magnetiser; and Mr. HERBERT MAYO beheld in O'KEY an example of the soul's separate existence. The series of distortions exhibited by this girl, under the imaginary influence of nickel, admirably illustrated the traits depicted in the Cumæan Sibyl, by VIRGIL:—

"*Subito non vultus, non color unus,*
Non comptæ mansere comæ; *sed pectus anhelum,*
Et rabie fera corda tument; majorque videri,
Nec mortale sonans: afflata est numine quando
Jam propiore Dei."

Her face changed colour, and dilated visibly; she panted violently, and every limb was convulsed; if the Sibyl had the advantage in immortal voice, O'KEY was never surpassed in the agony of opisthotonos, the intense squint of the eyes, the contortions of the countenance; the face was filled with blood, and dilated by holding the breath, or panting rapidly—*anhelum pectus*. The performance afforded a clear insight into the impositions of ancient priestcraft.

No one acquainted with the fertile resources of O'KEY's mind can doubt of her ability to represent—as pieces of acting—all the states erroneously called mesmeric; or question JANE O'KEY's capacity in the minor performances of enduring pain, and falling into a state of *apparent* insensibility. This deprives the experiments performed within reach of the girl's senses of all value; the waves of the hand before O'KEY's face, blowing in the eyes, blowing on the head, fanning the back of the head affect the senses, and leave involved the question whether the girl's will, or these motions, give rise to the phenomena. To take the passive endurance of pain as a test of insensibility is ludicrous; every medical practitioner has seen patients bear operations without exhibiting the ordinary signs of suffering; tricks of this kind are familiar to all military surgeons. ANN ROSS—who escaped the jealousy of O'KEY—who perhaps attempted to act in concert with her, and to realise that girl's "prophesies," settled the point to the reluctant satisfaction of the mesmerists themselves. She allowed "the "second upper molar tooth to be extracted "in the presence of Dr. ELLIOTSON and "several other gentlemen, *without evincing* "*the slightest evidence of pain*," yet the sleep was *feigned*; and what, we beg to ask, is the pain of a puncture, or a pinch, to the pain attending the extraction of a fanged tooth? Some stress has been laid on the circumstance that O'KEY, in the mesmeric state, withstood the shock of a galvanic battery; but the power of resisting the electrical shock is possessed by some, though not by many persons. We have heard of a gentleman, not far from the North London Hospital, whose arms do not sensibly contract under the influence of galvanism.

In the experiments last reported in this Journal the problem sought to be solved was simply this:—Are the O'KEYS affected by any influence which does not act on the senses? does a metal, "mesmerised," act upon them when they have no means of ascertaining its presumed state? To guard against O'KEY's keen eyes the pasteboard is a very imperfect contrivance unless carefully held; glimpses of light and shadow reach her on every side, sufficient to direct a practised student. Dr. ELLIOTSON had imagined that by merely looking at one hand he could cause it to move: on Thursday he

fixed his eyes mesmerically on the hand, but O'KEY had on the head a well-contrived brown paper cap, which completely precluded vision. No response was made to the most persevering gaze; the cap had not been tried so effectually before, and was evidently viewed with no ordinary spite by the young lady. She fell into the sleep, one of her many doors of escape. Dr. ELLIOTSON attempted to attract the left hand by waving his hand and retreating, but the noise of his boots distinctly betrayed the side to which his efforts were directed; this source of fallacy was met by Mr. WAKLEY walking backwards and forwards on the opposite side; no effect ensued. Dr. ELLIOTSON opened and shut his mouth behind the chair on which the subject of experiment sat; the motion of the jaw produced some noise; she knew the Doctor's position, and could, at any rate, make no great blunder in opening and shutting her mouth; this was done, but her jaw did *not* move synchronously with that of the experimenter.

The temperature of metals warmed in the hand is easily detected by the touch when the temperature of the air is as low as 60°. In all experiments with metals their temperature should, therefore, be raised to 85°. Water is open to the same fallacy. The anxiety, *empressement*, not to say the language of the mesmerists, often furnished O'KEY with indications which she knew well how to interpret. When these sources of fallacy were all guarded against on the 16th and 17th of August, the following is a summary of the results:—

Jane O'Key.—14 glasses of *mesmerised* water produced *no effect*; 10 *mesmerised* sovereigns in succession produced *no effect*; *mesmerised* sovereigns produced the mesmeric effects *five times*; nickel was applied *seven times*, without producing any effect.

Elizabeth O'Key.—Six glasses of *mesmerised* water produced no effect; the unmesmerised water produced a mesmeric effect three times. The convulsions coincided once with the application of *lead*, three times with the application of lead and a copper farthing; the nickel rubbed on the skin at the commencement and *end* of the series of experiments on the 16th produced *no effect*.

These experiments prove, incontrovertibly, that there is no constant relation between the "mesmeric" states of water, or gold, and the pantomimic phenomena exhibited by the O'KEYS. The phenomena were produced when the presumed cause was absent; the cause was present, and the effects were not manifested; and these anomalies were not "few and far between," but of frequent occuarence. If the mesmerists shuffle, shift their ground, and say that their experiments do not always succeed; if they shrink back from the generality of the principle, and pretend that there is no *constant connection* between the "mesmeric" cause and the "mesmeric" effect; if they merely maintain that "mesmerised" sovereigns produce the phenomena *more frequently* than sovereigns not mesmerised, the question resolves itself into one of mere probabilities; and here they are wide at sea, for where can they show us a series of 1000 recorded careful experiments (a smaller number would be inadequate) in proof of the alleged frequency?

They are pleased to cite LAPLACE, when, in his "Calcul des Probabilities," he censures those who declared mesmeric effects *impossible*; but let us test the facts by the doctrines of probability; of this LAPLACE did not speak. Guided by the analogies of Nature, we assume that all the mesmeric phenomena are produced voluntarily; that the O'KEYS guess when objects have been mesmerised. On this hypothesis, how often would they be right, how often wrong? You put a sovereign into O'KEY's hand. She asks herself this question:—Is the metal mesmerised? By the aid of temperature she decides the question at once; but, supposing this source of fallacy obviated, she is as likely to be *right* as *wrong* in guessing: the chances are equal; and the probability is, that she will be right every other time. If a player bet a sovereign that he can name the colour of every card turned

up in a pack of 52, and call "red" every time, he will lose 26 times and gain 26 times; so if a *clairvoyante* pretend to *see*, and call the colour of every card, she will be right every other time on an average. But the mesmerists would not be satisfied with this; at every run of ill-luck they would indubitably exclaim—"Ah! she is not lucid now," "She is not susceptible," or, "you *looked* at the card," &c., &c., so as to account plausibly for the 26 inevitable failures. These are the subterfuges. When no effect is produced by mesmeric agents, the patients are declared to be "unsusceptible," or "asleep," or in some convenient state of suspended action. When the effects happen without a cause, the spectators have "looked," or "breathed," or in some way thrown the subtle agency into action. Your mesmerist is not easily caught.

In Edinburgh, one of Mr. IRVING's apostles prayed ardently for the restoration of a disciple *in articulo mortis*: after asking the poor man repeatedly "if he had faith," the apostle exclaimed with all the fervour of impious fanaticism, "In the name of the LORD JESUS CHRIST I command thee to arise!" The patient arose with a convulsive effort, and dropped down dead. All eyes were directed to the Irvingite; his reply was worthy of a mesmerist. He ascribed the accident to the presence of unbelievers.

With the experience of CHARLOTTE BENTLEY, MARY ANN BUTLER, and ANN ROSS before their eyes, some persons (whom O'KEY, in her ecstatic state, would call d—d fools) assert that the young impostors have no motives for lending themselves to deception. No motives! We see such motives as few uneducated girls could resist. O'KEY, no doubt, in the first place, *pitied* the believers panting for signs and wonders, which the slightest exertion of her will could produce; she desired to please and astonish her dear good friends; and what ambitious spirit could avoid entering a field where all her faculties could exert their utmost power over a large audience? To all these fascinating allurements there was nothing opposed but an ill educated and, perhaps, half-deceived conscience.

As O'KEY, in our opinion, has been unwittingly *tempted* into a course of deception, less blame attaches to her than to ordinary impostors; and we cannot but regret that no means have been devised for giving her artistical talent a legitimate direction. If, a regular "*spectacle pour les enfans*" existed in London, as it does in Paris, O'KEY would make no insignificant heroine; in fact, some of the minor theatres may find it no bad speculation to get up a mesmeric farce, in which O'KEY, with a little training, would appear with advantage.

In the course of a well-devised series of experiments, and the "explanation" of failures, there would be room for much pleasant dialogue. Mr. HERBERT MAYO might be introduced with great effect, "*looking for a* "*minute fixedly upon one spot of mesmirable* "*surface, as, for instance, a* STONE MANTLE-"SHELF,"—and the intense, lack-lustre look of the mesmerist, as in VEAUMOREL's metaphor of "a sheep dreaming,"—*un mouton qui reve*

"Now brightly bold, or beautifully shy,"

magnetising a remote sovereign, or stone mantle-shelf, would of itself secure any farce success. Besides, Mr. MAYO's "mind," in illustration of his doctrine, might, like HARRY the EIGHTH's soul, be represented "dislocated and displaced from her corpo-"real tenement, holding on with misplaced "attributes to *unaccustomed points and* "*corners of the frame.*" The form and localisation of Mr. MAYO's "mind" would scarcely embarrass the artist. By enacting, in character, the elegant allegory sketched in his last letter this gentleman would supply an inimitable epilogue:—

Enter, *Mr. Herbert Mayo, properly habited, the infant, Mesmerism, in his arms.*

"I have now completed the *fostering offices* towards *Mesmerism*, which its *forlorn condition* appeared to me to claim for it, as soon as I detected beneath its dirt and frippery the marks of an honest extraction. I have viewed it as *stolen at its birth* by quackery from science. I have endeavoured

to restore it to its true rank and place; I have *clothed it in a dress* in which *its proper parent* need no longer be *ashamed to own it*; I have finally contrived for it something like *a philosophic appellation*. I am (ladies and gentlemen) your obedient servant,*—— HERBERT MAYO!"

Exit *Mr. Herbert Mayo, in great dismay; he discovers that Mesmerism is "no more."*

WESTMINSTER HOSPITAL.

TRAUMATIC DELIRIUM TREMENS

Successfully treated with Opium; mistaken for Insanity by the President of the College of Surgeons.

THOMAS HOLMES, an athletic man, 53 years old, having received an injury to the forearm, was brought to this institution on the 22nd August, and received under the care of Sir Anthony Carlisle. The patient was a free liver, and had for many years been employed as a coal-heaver at the gas manufactory, and two days preceding his admission had fallen on his forearm, whilst carrying a load. The injury occasioned him a great deal of pain, but he nevertheless continued at his work for the remainder of the day, the injured limb, however, being nearly useless.

On the patient's admission, Mr. Bury Dasent found the left arm so much swollen and inflamed, as to mask the nature and extent of the injury. Mr. Dasent, suspecting the existence of fracture, ordered the man to bed, and placed the arm horizontally on a cushion, and had leeches and lotions applied. Saline aperient medicines were also administered internally. These measures effected but little benefit. On the evening of the 24th of August the man became restless and irritable, and at ten, P.M., was perfectly delirious. He imagined some terrific monster was staring him in the face, and he was making continual efforts to escape. All the voluntary muscles were agitated, and his eyes, lips, and alæ nasi perpetually moving; the conjunctiva was injected, and the pulse rapid and feeble. Mr. Dasent gave him half a grain of acetate of morphia.

25. The patient had a good night's rest; the pulse was still small and rapid, and the tongue brown. Though much quieter than last night, he still remains under the illusion. He is ordered the following medicine:—

Take of *carbonate of ammonia*, a drachm; *solution of acetate of ammonia*, two ounces; *laudanum*, a drachm; *camphor mixture*, six ounces. Mix, and let the patient have a fluid ounce of the mixture every four hours. Having swallowed two doses of this medicine the symptoms became more violent, and it became necessary to restrain the patient with a straightwaistcoat.

3, P.M. Holmes still continues violent, frequently starting up, struggling to loose himself, and remonstrating with his attendants for his unjust detention. Half a grain of *acetate of morphia* was now administered.

11, P.M. The morphia produced no appreciable effect. He has been exceedingly unruly, crying and talking incessantly. A grain of morphia was now administered, and in a short time its effects were visible.

26. The patient had some sleep in the night, but the delirium is as violent as ever this morning; he refuses his medicine. His bowels are freely open, and he is bedewed with perspiration. His pulse as rapid as before. Thirty minims of Battley's sedative solution of opium now given to him.

2, P.M. A grain and a half of acetate of morphia now exhibited.

5, P.M. No material amendment of symptoms has occurred. A drachm of Battley's solution injected in a vehicle into the rectum.

11, P.M. Delirium apparently undiminished. Two drachms of Battley's solution thrown up into the rectum. At midnight he is quite quiet and asleep.

27. He slept well all night, and he is quite rational this morning. The pulse is is 60, and soft, and the tongue moist and whitish. He is low in spirits; a dose of calomel and colocynth is given to him. The forearm, the injury to which was the original cause of his admission, is less tumefied and inflamed, and Mr. Dasent has consequently deemed it prudent to place the limb in splints, both bones of the forearm being ascertained to be broken.

31. The patient is rational, cheerful, and convalescent. The countenance is tranquil; he has slight exfoliation of the cuticle of the lips; the tongue is highly furred; his bowels act regularly; he has no headach, and sleeps well. Small doses of opium have been given to him daily.

The poor fellow was, however, nearly expelled from the hospital, in his helpless condition, in consequence of the following document, written by his surgeon. Through the interference, however, of Mr. Hale Thomson, the assistant-surgeon, the order of Sir Anthony Carlisle was not complied with.

"Westminster Hospital, Aug. 28, 1838.

"This is to certify that Thomas Holmes hath been, from August 22d instant, under my professional care, labouring under a high state of nervous and mental irritation, for which the usual treatment has been adopted, but during the time of his abode in the hospital he has shown decided marks of *insanity*, and has been so violent as to require bodily restraint by a straightwaistcoat, and been an incessant disturber of the

* Letter to the Editor of the "Medical Gazette,"

rest and comfort of the other patients, by night and by day. I, the undersigned, for the above reasons, consider Thomas Holmes to be wholly unfit to remain in the hospital, and recommend that he be consigned to some lunatic asylum, or other receptacle for insane persons.

(Signed) "ANTHONY CARLISLE,
"Surgeon."

Sept. 4. The patient is perfectly convalescent, not a single symptom of disease remaining.

ENLARGEMENT OF THE MAMMÆ.

To the Editor of THE LANCET.

SIR:—If you think the following case, which I met with in the country a few weeks back, of sufficient interest from its abnormal character to merit a place in your ably-conducted and extensively circulated Journal, you will oblige me by its insertion. I am, Sir, your obedient servant,

SAMUEL HARE.

Chigwell, Essex.

William Rogers, aged 60, a stout muscular man, whilst staying a short time at Woodford, was seized with an acute attack of pneumonia, at the same time presenting extreme enlargement of the mammæ and wasting of the testes, *apparently the result of an injury of the back*, which he received about three years ago. During his illness he was attended by my friend, Mr. W. H. Cary, the talented and highly respected practitioner of that neighbourhood, and is now convalescent. At the present time his mammæ are extremely enlarged, pendulous, heavy, and somewhat knotty, the circumference at the base being 15 inches, length, vertically, 6½, length, transversely, 8 inches; the nipple is very faintly coloured and surrounded by an areola of about the breadth of an inch, or perhaps a little more. The breasts have no appearance of containing milk. Concerning his early life he stated that he had originally been an apprentice to a fisherman, that he went abroad as a sailor at the age of 21; afterwards became a labourer, and has lately been in Spain. At an early period of his life he was so devoted to the female sex that at the age of 16 he entered a club which was established at Rochester for the purpose of enabling its honorary members to obtain women in the most economical manner. When he was 30, he married, and had only one child; his wife's health, however, was so bad that she died about two years after its birth. Six months had scarcely elapsed before he again entered into the connubial state, and by this marriage had a boy and a girl. About three years ago he left England and enlisted in the service of the Queen of Spain, in consequence of his having been discovered by his wife in a *faux pas* with another woman. On the 30th of August, 1835, being pursued by Don Carlos, after a skirmish, he had to cross a trench that lay in his way, and in attempting to leap it, *fell with his chest against the edge of the opposite side*. The concussion he sustained was so great that he fell upon his back to the bottom, a distance of 10 feet, and received a blow *upon his loins, and another upon his neck, on the second dorsal vertebra*. In this state he remained insensible for five hours. Three days after his accident he felt acute pain of a shooting aching character in his mammæ, which then became red, began gradually to increase, and present now the size and appearance that I have mentioned above. He felt also, about five weeks after the fall, severe pains darting from the lumbar region in the direction of the spermatic cord to the testes, which were very painful, and from *that time continued progressively to waste*. The right testicle has now almost entirely disappeared, and the left is about half its natural size. His voice soon after became altered, becoming more feminine, and he mentioned that a change took place in the back of his head, the horizontal circumference of which is 23 inches. Previously to the accident he possessed perfect virility, but has subsequently lost all power of sexual intercourse, and has not even had an erection of the penis. On two or three occasions he attempted connexion with a woman, but discovered (to make use of his own expression) that it was "no go." Since his return from Spain he has been under Dr. Elliotson's care for a slight attack of bronchitis, and in several of the London hospitals. Perhaps, Sir, some of your numerous intellectual readers or physiologists may be able to account for this great enlargement of the mammæ and atrophy of the testes in this anomalous case.

KENSINGTON UNION.

To the Editor of THE LANCET.

SIR:—In your LANCET of the 18th inst. your correspondent "Justitia et Misericordia," begs leave to offer a few remarks on a proposition of yours, "That there should be a medical guardian in each union," &c. His mode of treating the subject shows clearly that his motive for introducing it is that he may indulge in the expression of feelings which do credit to neither his head nor his heart.

As far as I am concerned, I have no hesitation in saying his facts, his *damning facts*, notwithstanding their high-sounding sponsorial dignity, are misrepresentations. He asserts they are capable of proof, I challenge him to the proof, and likewise to the proof that the present medical arrangements are condemned by every man in this parish, not a medical man. I will undertake to

name ten respectable men who approve, for every one he can name, who disapproves of the plan, and I think, too, it will be but reasonable to calculate on the approbation of the medical officer who had charge of the south district, as under the old system his duties were so onerous as to throw him on a sick bed for many weeks. They will now be considerably diminished, for a considerable part of the old south district falls into the new division, notwithstanding which your correspondent asserts, that the excess of out-door labour will continue in that district, under the new, as it did under the old division. This is not the case; the new district, Upper Chelsea, contains a population at least one-third more than the south district, exclusive of Chelsea College, with a fair proportion of poor.

Now, Sir, I will venture to explain my motive for suggesting to the Board of Guardians the present division of the parish; fortunately, perhaps, for me, as well as the Guardians, it was not necessary that I should have to give a *scientific illumination* of the subject; the required information was found in a recently published map of Chelsea, which was laid on the table, this plainly showing the distances which the sick poor had to send for medical relief under the first division. It was barely necessary to mention a portion of the evils of such a state of things, compared with the advantages of having efficient medical aid in their own immediate neigbourhood; the Guardians, one and all, adopted the plan, and this, my motive, was certainly not to serve a medical friend, but the discharge of my duty as a Guardian, which is to protect the interests of the poor both in sickness and in health, and to do justice to the rate-payers, of whom many are scarcely above the condition of the paupers; and I know of no way in which these two classes of the community can be so effectually served as by providing prompt and efficient medical assistance to the sick poor. The sooner they are restored to health, the sooner will the parochial funds be relieved from the charge of their support, and, perhaps, what is of much higher importance, the sooner will the sick poor man have the prospect of being elevated from the degradation of pauperism by his own labour. This is a principle which must be ere long known to and acted upon by every Board of Guardians in the kingdom. You have advocated it in your columns, and shown some of the dire effects of inattention to its importance.

To the charge of doing nothing for the medical men of the Union, I must plead guilty, and, notwithstanding recalling to my mind the most perfect reminiscences of *mess dinners*, and other matters of *a military* character, I am much at a loss to find out how, in the present state of affairs, I can serve them. Perhaps, by reading the excellent report in your last number of the Council of the British Medical Association, on the present state of the Poor-Law question, they may find out how to serve themselves. I remain, Sir, your obedient servant,

JAMES MORRAH.

Sloane-street, Chelsea, Aug. 30, 1838.

THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF LONDON.

(*From a Correspondent.*)

IN the *medical* prospectus of King's College it is announced, that "attendance" at that institution "qualifies for a degree in the University of London." Now, if, by a "degree," is meant, as would be inferred from the document in which the expression occurs, a *degree in medicine*, the correctness of this statement is questionable. As far as any information, that has been made public, goes, there has as yet been no "recognition" of medical schools, attendance on which entitles a student to examination even for the degree in medicine from the University, not to say "qualifies for degrees;" it is to be hoped, that "qualifications for a degree," and a "certificate of attendance," are not to be taken as meaning precisely the same thing in the new University. The charter by which the University is created, abstains, and for obvious reasons, from naming any school of medicine as being in connection with the University, and we have not yet heard that the step of reporting to the Secretary of State the medical institutions from which it may be "fit and expedient" to admit candidates for medical degrees, has yet been taken by the Senate of the University. If it have, and the report have been approved by the Secretary of State, then it may be believed that King's College has received a preference over other schools which have equal claims, as schools of medicine, to receive early notice of their "recognition;" but this prior information to King's College is not probable. It is most likely that the authorities in the Strand are somewhat premature in their announcement.

*** We publish the above remarks as we received them; but the fact has not yet been established that the barbarous system of "recognition," as relates to schools, will form a feature in the scheme of the new University. The Senate might find it difficult to get "recognised" themselves on a very important occasion in the next session of Parliament, if they ventured to copy the Medical Corporations in this most corrupt and indefensible regulation.

MEDICAL ATTENDANCE ON PAUPERS.

To the Editor of THE LANCET.

SIR:—I have perused the medical evidence given before the Poor-Law Committee with much interest, but it is destitute of one suggestion, which has frequently occurred to me, and which I think has appeared in your columns (although not recently), viz., that a certain sum of money should be appropriated by each parish for medical and surgical attendance on the poor, each person of whom should, when requiring that attendance, be supplied by the parish officers with a small printed paper, containing a blank space, to be filled up with the name of the surgeon preferred by the sick person, so that every pauper might have the medical attendant of his or her choice. The sum of money thus appropriated should, at the end of the year, be divided amongst the medical men, according to the number of tickets which they produce. This plan I have known to be tried, and to work admirably well in one parish, previous to the New Poor-Law coming into operation, and partly on that account I write to you on the subject. I see no reason whatever for its not succeeding generally, and if, after trial, it was found to answer, it would certainly banish one dark cloud that now overhangs our profession, while the system of tender, so degrading to every honourable member, would be abolished. I am, Sir,

YOUR CONSTANT READER.

August 30th, 1838.

BRITISH MEDICAL ASSOCIATION.

September 4th.

Dr. WEBSTER, in the Chair.

THE minutes of the last meeting having been read and confirmed, the following gentlemen were elected members of the Association:—

J. Bedingfield, Esq., Stowmarket, Suffolk.

J. Morgan, Esq., 18, Great Newport-street, Leicester-square.

Several communications were then read, among which was a letter from Nottingham, requesting some information respecting the objects of the Association; and a second from Dr. Fearnley (Dewsbury), on the Poor-Law question, and other matters affecting the Association.

The latter part of the evening was occupied in receiving names of persons eligible for officers and councillors for the ensuing year, and arranging preliminaries for the approaching anniversary of the Association.

TO CORRESPONDENTS.

We had prepared a notice of various controversial letters on the subject of "animal magnetism," which we have received within the last ten days, but we have found it impossible to give place to the matter this week.

A Subscriber at Cheshunt. The letters must be forgeries. It is greatly to be regretted that the example was set by Mr. J. H. G., from which the hint for these impudent impositions has been taken.

Mr. J. H. Fox. The gentleman in question is not an Examiner at the Hall. For the "opinions" which are sought by our correspondent we must refer to innumerable back numbers of THE LANCET,—in every instance given adversely to the parties.

Rusticus will find an answer to his questions in the next, or Students' number of THE LANCET.

We have been unable to find room for the various communications relative to the *Kensington Union*. On controversial points our correspondents should endeavour to write as concisely as possible.

Letters have been received from *Dr. Bow*, *Dr. Cooke*, *Mr. Fearn*, and *Credulus*.

ERRATUM.—Page 834, col. 1, line 36, *for* "Tarchas," read Jarchas.

END OF VOL. II.—1837-8.

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